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Let us Take Counsel Together

At the time of writing it seems probable that the forthcoming Biennial Meeting of the Canadian Nurses Association will be held under the shadow of the terrible crisis through which the British Commonwealth of Nations is now passing. In addressing the British House of Commons, the Prime Minister said that he had nothing to offer to his countrymen except "blood and tears, toil and sweat." Of that terrible Sacrament we too must partake, since we are bound by the nature of our calling to serve the Commonwealth in her hour of need.

It is well that we are to have an opportunity of taking counsel together before the full force of the storm is upon us. There is time to close our ranks, see to our defences, and make ready for the tremendous task which lies ahead. Blood and tears, toil and sweat are not new to us. We have lived through dangerous years before, and are not dismayed.

Under the circumstances, it is significant that the program committee should have allotted a whole session to the consideration of "nurses and nursing at home and abroad in time of war", and it is singularly appropriate that Miss Elizabeth Smellie, C.B.E., R.R.C., should preside over it. Her splendid record of enlightened leadership in peace as well as in war has prepared her for command in times like these. Among those participating, will be other nurses who have distinguished themselves in military nursing service and in the civilian field as well. Miss F. Munroe, R.R.C., superintendent of nurses in the Royal Victoria Hospital, Montreal, will speak of actual experience in the last war as a basis for action at this time. Miss Edna Moore, A.R.R.C., Chief Public Health Nurse in the Ontario Department of Health, will discuss means by which standards of nursing education and service may be safeguarded even in times of stress. Nurses who have

learned in the stern school of war will share in a debate which will help us to plan for a new campaign.

A second session will be entirely devoted to a consideration of the Supplement to the Proposed Curriculum, entitled "Education in the Clinical Field", and prepared under the direction of Miss Marion Lindeburgh, chairman of the Committee on Education of the Canadian Nurses Association. Miss Lindeburgh will report upon the progress that has been made with this important project which is based upon the principle that *quality nursing* makes for *good nursing education*. Miss Margaret Kerr, chairman of the Public Health Section, will discuss the supplement from the point of view of community health, and as a basis for all nursing, including public health nursing. Miss Margaret Teulon, chairman of the Private Duty Section, will appraise the Supplement in relation to the fundamentals of private duty nursing. Miss Agnes Macleod will indicate the administrative requirements by which such a program might be carried out. We are deeply indebted to Miss Lindeburgh for this invaluable addition to the Curriculum. Dealing with actual clinical procedure at the bedside, it comes at a time when there is need of all the intelligence and skill that we have to offer.

At each successive biennial meeting, various guest speakers have brought inspiration and enlightment. This meeting will be no exception because both speakers are women who are outstanding in their respective fields and who may be counted upon to clarify our thinking and fortify our courage. An address will be given by Dr. Alice Vibert Douglas on "The Triple Challenge" — a title which conveys a hint of its stimulating quality. Dr. Douglas is the Dean of Women at Queen's University, and is considered to be one of the most distinguished among university women in Canada. After a brilliant academic career at McGill University, she became, in 1914, Chief of Women Clerks in the statistical branch of the Department of Recruiting in the War Office in London. Later her duties were expanded to an even higher degree of responsibility, under the Ministry of National Service. After further advanced study, Dr. Douglas became lecturer in astrophysics at McGill University, and attained an enviable reputation as a writer on scientific subjects. She is a Fellow of the Royal Astronomical Society, and an acknowledged authority in the field of education. There can be no doubt that she will shed light on many of our present difficulties.

Another speaker who may be counted upon to make a notable contribution is Mrs. Rex Eaton, who for the past six years has devoted much time to survey and administration work in the Department of Labour of the Government of the Province of British Columbia. Mrs. Eaton has rendered valuable service as chairman of the advisory committee on labour conditions in hospitals, appointed by the Provincial Government. In her capacity as chairman of the Provincial Committee on working conditions for nurses and nurses-in-training in hospitals in British Columbia, Mrs. Eaton has first-hand knowledge of many of our problems. She displays keen insight into the lives of nurses employed in institutions, and manifests a clear and sympathetic understanding of the responsibility of the public, not only to hospitals, but also to those who work in them.

Like many other prominent men and women in British Columbia, Mrs. Eaton comes from the Maritime Provinces and is a graduate of Acadia University. That her interests are very broad is shown by the fact that she is chairman of the Vancouver Branch of the Pan-Pacific

Women's Association and of the Community Self Help Association. We are indeed privileged to have this outstanding leader with us at a time when we stand in need of the support and understanding of the community at large.

Under the caption of *Notes from the National Office*, attention is drawn once more to the many important projects which are to come up for consideration and appropriate action. Decisions made at this time may be far-reaching, and it is the plain duty of every Canadian nurse to share responsibility for making them. The re-naming of Sections has many implications which require penetrating analysis. The eight-hour day for nurses deserves careful consideration if our young nurses are to remain healthy in body and mind, and ready for whatever demands may be made upon them. Now, more than ever before, the Florence Nightingale Memorial Foundation requires our active support. Health insurance and nursing service may soon be linked together more closely than at present, and we cannot afford to neglect a single factor which will help to preserve national health and social integrity. This is the day of battle on the home front as well as abroad and every one of us, old or young, must rally to the colours.

In this hour of trial, a heavy responsibility rests upon those nurses whom we have elected to high office in the Canadian Nurses Association. No greater tribute could be paid to the President of the Canadian Nurses Association, Grace M. Fairley, than to say that she deserves and will receive the loyal support of every member. In July, 1939, she attended, on our behalf, the interim executive meeting of the Board of Directors of the International Council of Nurses in London. To repeat the names of the countries represented at that council is to invoke tragic memories. Among them were Poland, Finland, Holland, Denmark, Belgium, Norway. Yet even in the shadow of approaching strife, there was a sense of professional solidarity. To quote Miss Fairley herself, "The silent but deep understanding brought us very close together." It is in this spirit that we should meet in Calgary to take counsel together. —*E. J.*

Continuous Gastric Drainage

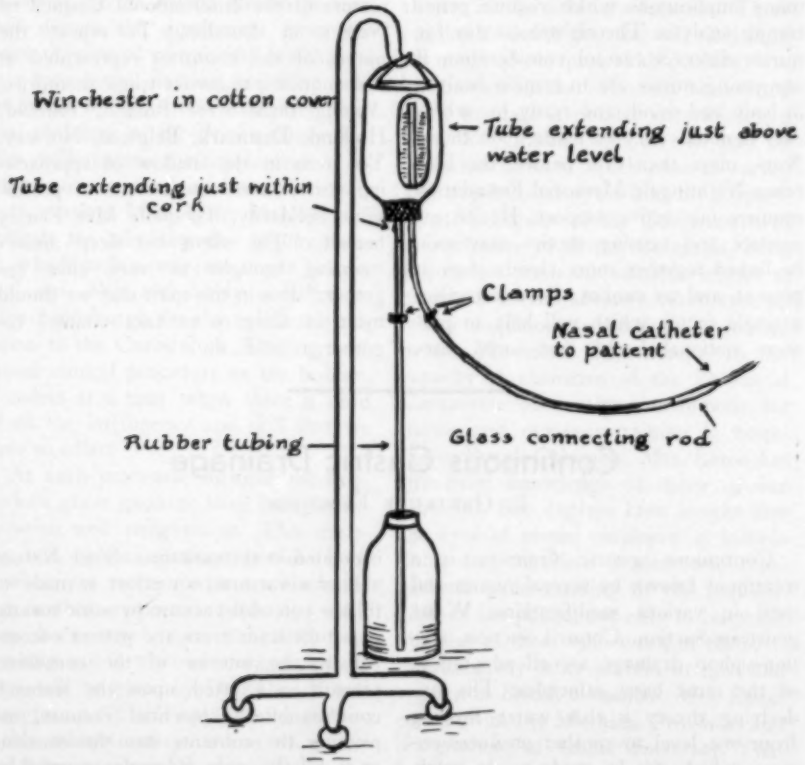
E. GERTRUDE FERGUSON

Continuous gastric drainage is a treatment known by several names and used in various modifications. Wangensteen Suction, Connell Suction, suction-siphon drainage are all adaptations of the same basic principles. The underlying theory is that water flowing from one level to another produces energy, which can be made to do work. When water flows from a closed container to a lower level, a partial vacuum is created in the container. Since Nature abhors a vacuum, an effort is made to fill the potential vacuum by some means. If a tube leads from the patient's stomach to the interior of the container, pressure is exerted upon the stomach contents by the potential vacuum, aspirating the contents into the container to fill the space formerly occupied by the water. By regulating the speed of flow of the water from the higher to

the lower level by means of a clamp, it is possible to regulate the pressure exerted upon the stomach contents.

The types of patient for whom this treatment is used, vary. It is used to drain the stomach of toxic substances in intestinal obstruction, persistent vomiting of medical or surgical origin and to control post-operative upper abdominal distention caused by dilatation of the stomach. The patient is relieved of the nausea, the feeling of fulness and the eructations of gas, as well as the symptoms of toxicity which would develop otherwise from the absorption of the toxic substances. Patients can be given clear fluids by mouth, thus serving a dual purpose. The patient absorbs some of the fluid, thereby lessening dehydration, the remainder acts as a lavage, diluting the stomach contents and assisting in their removal.

The nursing problems encountered differ with the patients. To some, the apparatus may appear rather frightening, but usually, if the purpose of the treatment is explained to them carefully, and when they have actually experienced the relief which follows its operation, they are quite willing to cooperate. The Levine tube is usually introduced into the stomach via the nose,



which makes it very necessary to the patient's comfort that the nostrils be given adequate care. Lubrication of the tube before insertion and frequent applications of liquid petrolatum or vaseline to the mucous membrane of the nostrils during the time the tube is in place, will prevent usually any unpleasant complications. The patient's mouth also requires frequent cleansing and lubrication to prevent a coated tongue and the possibility of parotitis developing.

A record of the amount of fluid administered to the patient orally and parenterally can be kept, and also a record of the amount of fluid aspirated from the stomach, and voided by the patient. If a known volume of water is put into the receptacle on the floor and the total amount in the receptacle is measured at intervals during the day, the difference between the total and the known volume represents the sum of the fluid given by mouth and the stomach contents. Subtraction of the quantity given by mouth enables one to arrive at the actual drainage from the stomach.

Since the fluid from the stomach very often has an unpleasant appearance, the apparatus is usually arranged so that the tubes are above the patient's head and so out of sight. A sufficient length of tubing should be available that the patient may turn his or her head freely, without pull being exerted upon the face where the tubing is fastened with adhesive for safety. It has been found wise to simplify the equipment as much as possible, in order that cleansing and sterilization may be made easy. The whole apparatus can be taken apart, washed and boiled, and reassembled very quickly. The apparatus consists of:

2 winchesters
2 lengths of glass tubing; one six inches long, one long enough to extend from well outside the cork to within one inch of the bottom of the winchester.
1 two-holed rubber cork
2 pieces of rubber tubing; one a yard long, one about 60 inches long
1 pointed glass connecting rod
2 clamps
1 Levine tube
Irrigating pole
Cotton cover for winchester, or adhesive straps
Adhesive tape.

Nasal Catheter in Position

In order to assemble the equipment, the glass tubes are passed through the rubber cork, the shorter reaching just beyond the inner end of the cork, the longer extending to within one inch of the bottom of the winchester. The winchester is filled three-quarters full of water, the cotton cover is placed on it and the cork is fitted in very tightly.

To the shorter glass tube, which extends just within the cork, the longer

piece of rubber tubing with a clamp on it is attached. To the longer glass tube, the shorter piece of rubber with the second clamp on it is attached. The glass connecting rod fastens the Levine tube to the shorter length of tubing. The apparatus is hung upside down on the pole by means of the handle on the cotton cover.

The second winchester with a pint of water in it rests on the floor, and the longer piece of tubing is placed in it so that the end of the tubing is below the level of the water. Both clamps are opened, water is forced through the shorter tube by means of a syringe until all the air has been expelled, then the clamps are closed.

The patient is prepared as for a nasal gavage, the clean Levine tube, well lubricated, is inserted through a nostril and fastened to the patient's cheek or forehead by adhesive and to the pillow with a safety pin. A small amount of the stomach contents is aspirated by means of a syringe, then pinching off the Levine tube, the doctor detaches the syringe and attaches the glass connecting rod, making an airtight connection.

By opening the clamps slowly, the pressure desired can be ascertained. Gastric contents will be seen to bubble over the end of the glass rod in the winchester, mingle with the water in the bottle and ultimately reach the bottle on the floor. As the upper bottle empties, the clamps can be closed, the bottle washed and refilled and the treatment continued indefinitely. It will be found desirable in some cases to detach the Levine tube from the apparatus at intervals, to attach a syringe and alternately introduce water into, and aspirate the contents from, the stomach.

For proper functioning, the whole apparatus should be airtight. This can be accomplished by using a tight-fitting rubber cork in the upper bottle, by having rubber tubing of a size which fits the glass connections snugly and by making certain that the end of the tubing in the receptacle on the floor is under water.

The increased comfort of the patient, the relief from prolonged nausea and vomiting and the pain of distention, have combined to make this treatment a very popular one at the present time.

A Word about Special Nurses

ELIZABETH A. SMITH

Every profession and every branch of a profession has an objective and a goal which, in its attainment, colours the life of the individual. The degree to which the individual develops and becomes of more value to the community may depend upon enthusiasm, adjustment, perspective and physical well being. Let us assume that the profession is nursing, and special nursing the branch of that profession.

A special nurse's life is as temperamental as any artist's life. It is a continual groping after a fixed goal which is never reached — but the working towards it, with all its discouragements and happiness is a life full of colour and development. That is how it should be, but is it?

A young nurse leaves hospital, well trained and full of enthusiasm, not realizing at that moment that her real train-

ing and the demonstration of her adaptability is only beginning. She has to try her wings. During three years of association with all kinds of people, she has attained versatility in her relationships. Now she must learn to be selective; she finds she has only one human being to study and nurse, with all that that constructive word implies. Her primary objective is to assist the patient back to health; she knows she has been trained to do that, and can be confident about it, but the psychological adjustment of having to narrow down from dozens, to one patient, is a great difficulty — an overwhelming one at first.

Certain nurses are more adapted to special nursing than to any other field, and it is a rich field, although sometimes regarded as not overly important. But it can be said that a special nurse who has been successful, shows a great deal of mental development, and that fact speaks for itself. After graduation, a great many outstanding women in nursing used a few years of private duty to feel their way and see things through their own eyes. So it does seem important that young nurses should have some knowledge before graduating as to the seriousness of becoming adjusted to one patient. Psychologically she would feel more secure in her relationship if she had not yet severed her connections with the hospital and was under criticism — for constructive criticism at this point is a great need. To see a patient through a short illness, as that patient's nurse would be of invaluable help to the nurse's adjustment after graduation. Hospitals must always contend with a shortage of nurses it seems, but what keen nurse would not welcome giving a few more days to her hospital in return for friendly criticism from one who really knew.

Then we have the young graduate going on her first home case — she can do it and will, but oh, the mental agony. She has been accustomed to hospital technique, all she needs was very easily obtained — and now, only one who has experienced it can picture her. She weathers through and emerges with a fund of knowledge — but could she not be better equipped for that first case, and not have to learn from her own experience? The equipment needed is simple enough, but she also must learn to improvise all on her own. The essential equipment which she cannot improvise and which she must bring is:

Her thermometer.
A compact enema and douche set.
Instruments, including surgical scissors, probe, dissecting and artery forceps.
Two rubber catheters and a small funnel.

All these things can be packed into a small space, and she may be confident that she can get to work immediately upon arrival to carry out any orders the doctor thinks necessary. The simplest equipment seems best and a great deal of importance can be attached to a neat, well chosen kit.

As the time after graduation lengthens into weeks and months, she finds she is fighting, in her heart, a disillusionment which comes unbidden. Her career is a disappointment. She is a healthy strong person, full of enthusiasm, with a lot of adjustments to make it is true, but adjustments must be made in any life, so that is not enough to explain her unhappiness. She has a lot to give and she is giving it, but the joy that the effort should bring is lacking. She meets others in the same frame of mind and wonders if it is all worth the price. Why does this occur? She is a normal intelligent woman and has a right to a normal life — work, play, and rest, but she is not getting it. She is tired beyond her endurance, or else is sitting idly by, wait-

ing for the telephone to ring. It does not seem fair; she is still developing her sense of values and needs time to just live.

It is a faster world we live in than it used to be; each hour contains more concentrated living. Statistics show that a nurse's working life is of shorter duration than that of women in other fields. Well, can't we do something about this? There is no shortage of graduate nurses; couldn't we all share the burden and share it happily, and perhaps stretch our weary lives a span? For private duty nurses it means eight-hour duty — some are for it and some against it — but doesn't it seem that fatigue, physical and mental, is the cause of so much restlessness, unhappiness and gloom. There is a lack, a stumbling block in our path, and it does seem that Mother Nature, our best friend, could remedy so much if we only gave her the chance.

The Mary Agnes Snively Medal

For the third time in the history of the Canadian Nurses Association, the President and Executive have pleasure in announcing the Mary Agnes Snively Awards for the 1938-40 biennium. These medals, which are a memorial to our Founder, are awarded to members of the Canadian Nurses Association "whose work exemplifies Miss Snively's ideals of Nursing and Service", and the ceremony of presentation will take place on Tuesday, June 25, at Calgary during the Biennial Convention.

The Executive had particular pleasure in endorsing the recommendations of the Award Committee, as the three members who are to be so signally honoured are women who have contributed generously of their time and ability to the Canadian Nurses Association and to the nursing profession. They have also given leadership, and it is interesting to note that their leadership has been along such diverse paths. Such is the opportunity for the varied personalities within our profession, and such our joy in having within our ranks women who have so faithfully portrayed these ideals. The names of Kathleen Russell, Rev. Mother Allard, and Ethel Johns are worthy recipients of this, the highest award that the Canadian Nurses Association can bestow on its members.

GRACE M. FAIRLEY,
President,
The Canadian Nurses Association.

Kathleen Russell

In common with other distinguished Canadians, Miss Russell claims Nova Scotia as her native province and Windsor as the place of her birth. Here she attended preparatory school and later obtained a Bachelor of Arts degree from King's College. Her professional training was received in the School for Nurses of the Toronto General Hospital from which she graduated in 1918, receiving a scholarship for post-graduate study: for this she enrolled in the Department of Social Science of the University of To-

ronto. After one year of supervisory service with the Department of Public Health of Toronto, Miss Russell was appointed in 1920 as Director of the newly established Department of Public Health Nursing of the University of Toronto: it is with the growth of this piece of work that she has deservedly won both national and international recognition.

It was in the year 1927, when the Department of Public Health Nursing became an integral part of the School of Hygiene, that under her leadership the first piece of original work in nursing (associated with the University of Toronto) was undertaken. It was called the four-year course and represented the first attempt of the Department to provide a direct preparation for the field of public health nursing. During these years the Department gathered momentum largely through association with the School of Hygiene, until in 1933 with the assistance of the Rockefeller Foundation and the tangible good-will of the University of Toronto the present School of Nursing was established. At this juncture the four-year course became one of three years and three months and this, together with graduate work for both public health nurses and hospital staff nurses, constituted, as they do now, the major activities of the school. It should be noted here that this development was possible only because the Director of the School had won so completely the confidence of the University authorities, the Rockefeller Foundation and the hospital and health agencies without the active co-operation of which the project could not have been launched or continued.

During her professional career, Miss Russell has taken a lively interest in all matters relating to the growth of the organized profession — more particularly those identified with nursing education.

KATHLEEN RUSSELL

She has served as president of the Alumnae Association of the Toronto General Hospital, and as chairman of the Toronto Chapter of the former Graduate Nurses Association of Ontario. Associated with the work of the Canadian Nurses Association for many years, she was one of the first to advocate the making of a survey of nursing education in Canada and served as a member of the Joint Committee of the Canadian Medical Association and the Canadian Nurses Association, which body guided the work of the survey and finally brought the project to fruition. She also acted as secretary for the Memorial Committee which gave leadership to the erection (in the Parliament Buildings at Ottawa) of a Memorial to the nurses who gave their lives in the Great War. Miss Russell's sound judgment and sane

outlook have been valued too as a former chairman of the Nursing Advisory Committee of the Ontario Division of the Canadian Red Cross Society, and for some years as a member of the board of the Victorian Order of Nurses for Canada and of the Toronto branch as well.

Already many honours have come to Miss Russell, among them her choice as director of a committee appointed by the International Council of Nurses to study the education facilities of the International Florence Nightingale Memorial Foundation in London, England. More recently, at the sesquicentennial celebration of King's College, last summer, her alma mater conferred upon her the degree of D.C.L. (honoris causa) in recognition of her attainment in the field of nursing education.

There are many reasons why one might lay claim to the Mary Agnes Snively Award on Miss Russell's behalf, but paramount among these is her contribution to nursing education in Canada, and beyond. This she has accomplished through an ability to apply the principles of education in their broader aspects to nursing and its problems. As an educationist, she has been quick to recognize the fact that problems confronted in nursing are not peculiar to that field alone but are similar to those inherent in the field of educational endeavour as a whole. Indeed the fairies present on her natal day were generous with their gifts for like others who earn distinction it is a certain combination of qualities which has resulted in her achievement: a quality of intellect capable of originality, of integrity, and of critical judgment; the gift of a scholarly and facile pen; a marked capacity for painstaking work; a tenacity of purpose and withal a faith in nursing and its significant relationship to the ultimate purposes of life. For those who know Miss Russell best have discovered an unfailing emphasis laid upon the spiritual values of life. These then are some of her rarer attributes.

And so in recognition of Miss Russell's brilliant career, the profession bestows the Mary Agnes Snively Award upon one who exemplifies in large measure an ideal of Canadian womanhood, thus doing honour to itself as well as to the recipient. — F. H. M. EMORY

Rev. Mother Allard

"Her simple and sincere way of building bridges that will last forever, and her ability to find solutions to problems which have stunned many of us" were the closing remarks of a visitor, who came to Mother Allard as usual for counsel, and whom I met while she was leaving the office of the then superintendent of the Hotel-Dieu, Montreal. In these words we find the key to a personality whose influence and constructive help as a fellow nurse, organizer, author, executive, but above all as a great mediator and sincere friend, has become a very vital force in the life of our national and international nursing organizations.

Mother Allard, who apparently has brought from the Baie des Chaleurs Peninsula — or, shall we say more specifically, from Carleton, Province of Quebec — the quiet and simple way of life, entered the Community of Hotel-Dieu of St. Joseph at Montreal in 1917. Devoted to her ideal of life — a charity which is total, practical and permanent in character — she saw in her future as a Nursing Sister that humble and unselfish road which was to lead her into the first ranks of nursing and hospital administration.

In 1922 she was awarded her diploma from the Hotel-Dieu School of

Nursing, and her Provincial Registration certificate. Three years later she received certificates for courses in dietetics and hygiene at the University of Montreal, following upon which she taught for six years at the Hotel-Dieu School of Nursing. After having acquired this solid educational foundation in Montreal, we find her on various missions to the United States of America and the Maritime Provinces, always studying new methods and making new friends.

Her practical experience and intensive private studies were deciding factors in her appointment as superintendent of nurses, from 1927 to 1933. In September 1933, she was elected superintendent of the Hotel-Dieu Hospital, in which position she remained until September 1939, when she became Mother Superior of her Community.

Although her road to success appears to be a short one, we must bear in mind that in spite of certain limitations which she, as a religious Sister, is obliged to respect, her contributions to our professional temple are nevertheless outstanding. For six years she was a board member of the Association of Registered Nurses of the Province of Quebec, and from 1932 to 1934, she was a member of the Curriculum Committee of the Canadian Nurses Association. In 1933, she was the representative for the French section of the Canadian Nurses Association, and for the Government of the Province of Quebec at the International Congress of Nurses, held in Paris and Brussels. On this occasion, the French Government honoured her with the "Médaille de l'assistance publique," a rare distinction which she deserved in particular for her great educational and practical contribution to nursing through her book, "Cours de Technique", published in 1931, and also through various articles appearing

REV. MOTHER ALLARD

in "Revue de la Garde-Malade Canadienne-Française", "Journal de l'Hotel-Dieu" (1928-1939) and other national and international professional publications.

In 1938, the Rector of the University of Montreal, in conferring upon Mother Allard the "Doctorat honoris causa", said: "In accepting this title from our University, you are honouring us more than we can honour you." His words were indeed a sincere expression of a great man and a very distinguished institution. In the same year, Mother Allard became a member of the American College of Hospital Administrators, and was granted the medal and diploma of the College, as the first French-Canadian nurse to receive it.

With the Snively Memorial Medal, the Canadian Nurses Association has

conferred upon Mother Allard an honour of which we, the Sisters and Lay Nurses of the Province of Quebec are specially proud, for it is our privilege to know Mother Allard as one of our best friends, counsellors and leaders.

— SISTER HELEN MORRISSEY

Ethel Johns

Having been invited to prepare an outline of the professional career of Ethel Johns, I do so with profound admiration of the vision she has cherished of what nursing might and should mean to the world. Looking back over the years, I recall her tall slight figure and grave intent face, on the night of her graduation from the School of Nursing of the Winnipeg General Hospital. Then came a period of private duty nursing, and in the homes she entered there are still grateful memories of the comfort and aid she brought to them.

Her first executive position was that of superintendent in the McKellar General Hospital, Fort William. This was followed by post-graduate study at Teachers College, Columbia University, after which she returned to Winnipeg to take charge of the Children's Hospital. Four years later she became superintendent of nurses in the Vancouver General Hospital and, when the establishment of a department of nursing was authorized by the University of British Columbia, she was appointed to be its director. The sound organization and subsequent success of this department were due, in a great measure, to her foresight and enthusiasm.

In 1925, the Rockefeller Foundation invited Miss Johns to make a survey of negro nursing education in the United States and, upon its completion, she became a member of the European field staff of the Foundation. In this capacity she assisted in the organization of schools of nursing in Hungary and Roumania. Upon her return from Europe, she served for three years, as director of studies, during the period of re-organization which preceded the establishment of the School of Nursing of the New York Hospital in the magnificent buildings it now occupies. Later, she was appointed nurse associate to the Committee in the Grading of Nursing Schools, a position which she resigned in order to return to Canada in 1933 as editor and business manager of *The Canadian Nurse*.

What she has done for the advancement of nursing through the *Journal* is well known to Canadian nurses. Keenly aware of the public demand for nursing service on a broader scale, she has striven to show how this demand might be fulfilled. Always learning herself, she inspires others to learn more so that they may serve better.

— E. CORA HIND

Révérende Mère Allard

Pour rendre hommage à la révérende Mère Allard ainsi qu'aux gardes-malades de langue française du Canada, la revue "The Canadian Nurse" a le plaisir de publier une traduction française de quelques notes biographiques de la Supérieure de l'Hôtel-Dieu de Montréal. La médaille Snively sera remise à Mère Allard lors du prochain congrès biennal de l'Association des Gardes-Malades du Canada.

Qu'on me permette de citer les réflexions d'une personne sortant du bureau de Mère Allard, alors hospitalière en chef de l'Hôtel-Dieu, à qui elle était venue demander conseil: "Soeur Allard a le don d'édifier sur des bases solides et elle trouve toujours une solution aux problèmes devant lesquels d'autres restent perplexes." Ces quelques mots résument toute la personnalité d'une religieuse garde-malade, auteur, femme d'affaires, et avant tout, une grande médiatrice et une amie sincère dont l'influence et les idées créatrices sont une force vitale pour nos organisations nationales et internationales de nursing.

Mère Allard, qui semble avoir apporté avec elle un peu de la vie paisible et calme de la Baie des Chaleurs et, plus particulièrement, du charmant village de Carleton, est entrée en communauté à l'Hôtel-Dieu de Saint-Joseph à Montréal en 1917. Vouée à une vie toute de charité, son idéal, possédant un caractère constant et beaucoup de sens pratique, elle poursuivit en sa qualité de religieuse infirmière, une route pavée d'humilité et de générosité la conduisant aux premiers rangs de la profession du nursing et de l'administration hospitalière.

En 1922 elle reçut son diplôme de l'école de gardes-malades de l'Hôtel-Dieu puis son enregistrement provincial; trois ans plus tard elle recevait de l'Université de Montréal un certificat de diététique et d'hygiène après quoi elle enseigna pendant six ans à l'école de gardes-malades de l'Hôtel-Dieu. Après avoir acquis une formation solide dans l'enseignement à Montréal, nous la retrouvons dans différentes missions aux Etats-Unis et dans les provinces maritimes, cherchant toujours à étudier des méthodes nouvelles et se créant toujours de nouvelles relations.

Son expérience pratique et les études intensives qu'elle a poursuivies privément ont contribué à sa nomination comme directrice des gardes-malades de l'Hôtel-Dieu, poste qu'elle occupa de 1927 à 1933. En septembre 1933, elle fut nommée hospitalière en chef de l'Hôtel-Dieu, position qu'elle a occupé jusqu'en septembre 1939 alors qu'elle est devenue supérieure de sa communauté.

Bien que sa route de succès ait été relativement courte, et malgré les nombreuses obligations de sa vie religieuse, Mère Allard n'en a pas moins apporté de nombreuses contributions à la profession du nursing; voici quelques données qui illustreront mieux son oeuvre. Pendant six ans, Mère Allard fut membre du Comité de Régie de l'Association des Gardes-Malades enregistrées de la province de Québec. De 1932 à 1934 elle fut membre du Comité du Curriculum de l'Association des Gardes-Malades du Canada. En 1933 elle fut désignée pour représenter la section de langue française de l'Association des Gardes-Malades du Canada et le Gouvernement de la province de Québec au Congrès international tenu à Paris et à Bruxelles. A cette occasion le Gouvernement français la décora de la "Médaille de l'Assistance publique", marque de distinction rare qu'elle a spécialement méritée par sa contribution importante à la cause de l'enseignement du nursing en publiant en 1931 un ouvrage intitulé "Cours de Technique" ainsi que de nombreux articles parus dans la revue "La Garde-Malade canadienne-française", le "Journal de l'Hôtel-Dieu" (1928-1939) et dans d'autres revues professionnelles nationales et internationales.

En 1938, Monseigneur le recteur de l'Université de Montréal conféra à Mère Allard le titre de docteur honoris causa en lui disant ces paroles: "En acceptant ce titre de l'Université, vous nous honorez plus que nous ne pouvons vous honorer"; voilà l'expression sincère d'un personnage distingué parlant au nom d'une très noble institution.

Au cours de la même année, Mère Allard devint membre du "American College of Hospital Administrators" et fut la première canadienne-française à recevoir la médaille de ce collège.

En remettant à la révérende Mère Allard la Médaille Snively, l'Association des Gardes-Malades du Canada lui confère un honneur qui rejaillit sur toutes les gardes-malades religieuses et laïques de la province de Québec et nous en sommes particulièrement fières car toutes nous reconnaissons en Mère Allard une amie sincère, une conseillère avertie et un guide éclairé.

Editor's Note:

This article is a literal translation of the biographical outline concerning the Reverend Mother Allard, which appears in English on pages 348 and 349 under the caption of The Mary Agnes Snively Medal.

A Ward Teaching Program at the "U.A.H."

ETHEL J. ROLSTON *and* H. CLARE HENDERSON

The beginning of ward teaching programs seems to be marked by trials, errors, and rude awakenings and this one has been no exception. At the outset, to prevent overtaxing the wards, the medical and surgical ward teaching supervisors collaborated in a combined program. The main objectives at this time were:

To stimulate in our head nurses the responsibility they bear in the educational program of our student nurses.

To accustom the head nurses and the students to the brief periods of clinical teaching for the purpose of increasing nursing efficiency.

To interest the students in the development of the program and to encourage voluntary participation.

After eight months of experimental clinical teaching, it is evident that the seed of a routine teaching program has been sown and though somewhat slowly and falteringly at times, and not without discouraging moments to all concerned, seems to be taking root. On the whole the results have been gratifying; to some degree at least our objectives have been realized. It is felt that the plan warrants continuation.

The program had its rather irregular beginning in the form of a weekly mid-morning conference, which was held in the surgical teaching supervisor's office, centrally situated in the hospital. No special day was set for these conferences but the hour usually was 9.30 in the morning. The topics varied according to the available clinical material and no special formality was introduced. As a rule, the students presented the topics, the discussion being guided by the supervisor. Notification of the conference

was made through the students' and the head nurses' bulletin boards at the beginning of each week. This notification to the head nurses served as a reminder to enable them to arrange the work and hours so that as many as possible of the specified group of students could attend without inconveniencing the wards. The time spent on the conference is considered as on-duty time. The mid-morning conference continued without further organization for the next few months during which time the early morning report talk was introduced.

In the development of this type of teaching the supervisors were concerned with their respective departments. In obstetrics, where the department supervisor was already conducting formal classroom instruction, it was only a short time before routine clinical teaching programs were introduced. In surgery and medicine it had been difficult to ensure a routine teaching program, and it has been necessary to allocate specific surgical and medical material to the various departments in which the service predominates. For example, in the surgical department there are four special services (orthopaedics, genito-urinary, gynaecology and neurology) besides the very large percentage of general surgery. As these were not entirely segregated, there was danger of constant overlapping which resulted in the allotment of these specialties to their particular sections. This does not mean that misplaced clinical material has been ignored. Such material is given consideration in the mid-morning conference. The paediatric department is considered quite separately, and the program takes into consideration all the ailments of children including corrective orthopaedics.

The duties of the supervisors in this type of teaching are: (1) To aid in the organization of the material to be presented in such a way that the clinical education of the student would be completed in the time allotted for her practical experience. (2) To be personally responsible for the perpetuation of the program. (3) To introduce constructive changes and ideas, and by her own activity stimulate the interest of the student.

The early morning talk occupies five to ten minutes immediately following the report, two or three mornings a week. Regular days are chosen and as far as possible these remain unaltered in order to establish the routine. The subject must be treated briefly, concisely and with interest. It has proven advisable for the head nurse to coach the new participant but to offer tangible assistance only when absolutely necessary. There is a wealth of material in this type of teaching and, in spite of the early hour, the students do grasp the important points and theory and practice become realistic.

Following the inauguration of the early morning talk, the next phase of the program was to return to the mid-morning conference. At the present time, two days of the week are definitely set aside as conference days, Wednesday for the senior clinic, Thursday for the junior. They continue to be of one-half hour duration and at 9.30 in the morning. Occasionally, to suit a participating doctor, the time is altered but even the doctors find that the time selected is most suitable. Fifteen students can be accommodated but the groups rarely include more than ten or twelve. The majority of the conferences are conducted by the students themselves but, to offer a change, the resident or senior interne is asked to present interesting and important aspects of medicine and surgery. The men have cooperated well and their participation has proven of definite value.

Since this is a university hospital, the attending staff is responsible for the clinical instruction of the medical students and for this reason the nursing staff hesitates to burden them with other than formal classroom teaching. For the same reason the nursing staff has not felt justified in utilizing the bedside clinic to any extent as a mode of teaching. Some of the attending staff have participated most effectively, and in time it is hoped that they will become more interested in the clinical education of the student nurse.

The senior conference topics are more or less according to the available clinical material and are usually cases of particular interest, those presenting definite nursing problems, cases corresponding to the lectures, or, as frequently happens, topics suggested by the students themselves. The junior clinics are presented as closely as possible in relation to the lectures given in medicine and surgery, and the cases discussed are of a routine nature involving no complex nursing care. Topical outlines are prepared for all the conferences and are given to each of the students. These the students are encouraged to complete and retain for future reference.

In appraising the results of such experimental teaching one must first be aware of the difficulties which new supervisors meet. When added up they do not amount to very much. However, in an attempt to be of some value to other clinical instructors, it is necessary to cite some of the obvious mistakes and unnecessary manoeuvres experienced. In the first instance, the attempt to put the early morning report talk into action in all departments netted fewer results than were expected. It was found that all head nurses do not take readily to the suggestion of teaching, probably because of lack of teaching experience or because they do not recognize the opportunities for more formal teaching on the wards. However, the departments in which resistance had been anticipated have given very good results, and some of those that started out with interest and effort have fallen by the wayside. The writers would suggest that the original wards be selected carefully, that the available clinical material in each department be outlined, and that rather than attempting to spread the clinical material far and wide a small important section be chosen and well incorporated into the daily educational routine of the department. As one program is organized, the next will be easier as word travels quickly and the students usually show such keen interest that they themselves aid in the extension of the plan.

In any large institution there is bound to be the individual who feels that she can carry on independently of the teaching supervisors. That individual is usually one who has the ability and the will to do a good piece of work, but it must be realized that the programs of each department forms a unit in the entire clinical program of the school. Should such a situation arise, and it does not seem to be uncommon, it has proven best to let the department carry on alone without antagonism, and it is then the duty of the supervisor to make a place for herself, that she may gradually and tactfully guide the program into the desired channels. It has not been an easy thing to gain professional approval and cooperation in this venture. Time alone will tell. When groups of nurses are seen collected on the wards or in an office the eternal question "isn't this a waste of time" is raised. This question can only be answered by the presence of more interested and efficient groups of student nurses taking part in our ward activities, while patients receive the attention of understanding and intelligent professional workers.

The Modern Conception of Scarlet Fever

LAWRENCE E. RANTA, M.D., D.P.H.

T. E. Lawrence, in referring to some of the Arabian customs, mentions the fact that when a guest has been invited to dine with his host, he becomes a member of the family circle of friends, and as such he must, forevermore, temper his remarks so that his host cannot be offended by them. Often, he must temper his remarks so much that his praise becomes flattery and the teeth fall out of his well-intended criticism. Not having been brought up to the niceties of Indo-Semitic etiquette, I, herewith, tender my declaration of independence. I feel that if I must "sing for my supper", I should have the privilege to sing the tune as I think it should be sung. I shall not feel the least provocation to apologize if my remarks offend your time-honoured ideas. I can only say, if your ideas are offended, pluck them out! It is my intention to look at scarlet fever in the light of scientific knowledge, not in the light of empirical wishful thinking that colours your daily attempts to control the disease.

You may ask, why all this concern about a disease that apparently occurs so rarely in the province of British Columbia? In 1939, there were only 594 cases reported, with a case fatality rate of a mere 0.2 per cent. This incidence and case fatality rate is probably the lowest in the Dominion. Surely your methods are adequate—wellnigh ideal! But you do nothing more, less, or different than is done in provinces where the incidence and case fatality rate are three times as great. Chance, good fortune, or the kindness of Providence account for your low rates. And the greatest of these three is too fickle to depend upon!

To get a proper picture of the disease, to arrive at its fundamentals, we must trace the three threads that constitute the pattern of the disease. The first thread is the history of the disease, the second is the history of the etiological agent, and the third is the history of the control of the disease. If we pick these up at their beginning and trace them through to the present day, we should arrive at the modern conception of scarlet fever.

Possibly the first reference that we have to the disease is that of Ingrassias, an eminent Neopolitan physician who practised in the middle of the sixteenth century. Doubtless the disease had existed from the earliest times, but had been unrecognized because of its confusion with the rest of the acute exanthemata, especially small-pox and measles. Despite Ingrassias' prior reference, the classical description and the name is ascribed to Sydenham, an English physician, who, in 1661, gave a full account of the clinical aspects of the disease under the name of "febris scarlatinae". Sydenham's description is that of a mild form of the disease, much as it is here in Vancouver. There is no mention of the violently toxic disease that has occurred in several epidemics on this and the European continents — a disease so virulent that the patient dies within 24 hours of the onset of the sore throat.

So much for the information that we require from the first thread! For our conception of this disease, from the clinical aspect we need know only that the severity of the disease varies from year to year in any one area, and that it varies from locality to locality. Even in

Canada there are local variations in the severity of the disease. In Eastern Canada the clinical variety is at least three times as severe as it is in British Columbia, if the case fatality rate is an index. It is inconsistent with our knowledge to believe that this is due to some inherent difference in the immunity of the two sections of the population. Hence we must look for the answer in some other direction.

Let us now examine the second thread of the pattern. The search for the etiological agent of scarlet fever was a long and disappointing task for a great number of workers. As early as 1884, Loeffler and Crooke described the finding of a streptococcus in the blood of patients who had died of the disease. They named this organism the "streptococcus scarlatinae". However, because this organism seemed to lack specificity, their work was disputed by the majority of workers. Countless attempts were made to determine the causative agent, and innumerable organisms were incriminated, but all in vain, for the methods of bacteriology had not advanced far enough until 1903, when Schottmuller presented his classification of streptococci. Now, at least, it was possible to differentiate the haemolytic streptococci from the rest of the genus.

Actually the cause of scarlet fever was discovered two years later, in 1905, by Gabritchevsky, a Russian worker. In attempting actively to immunize children against scarlet fever, he inoculated them with a small amount of heat-killed culture of haemolytic streptococci and noted that some children developed scarlatinal symptoms, while those children who had had scarlet fever remained symptomless. Gabritchevsky's untimely death in 1908 left his work unfinished, and although his vaccine was employed in Russia for some years, it never received wider recognition, and his reports were lost in the Russian Medical Archives.

The medical world had to wait until 1923, when George and Gladys Dick of Chicago definitely established the etiological relationship of the streptococcus haemolyticus with scarlet fever. For the decade following 1923 attempts were made to classify the disease-producing haemolytic streptococci, but the situation only became more complex. However, in 1933, Rebecca Lancefield reported that by means of serological reactions she was able to divide the whole sub-genus of streptococcus haemolyticus into "groups". Her work and that of Griffith showed that over 99 percent of human streptococcal infections were caused by organisms that fell into the *Group A*. This was an extremely important fact. As far as human infections were concerned, we could now concentrate on the *Group A* haemolytic streptococci. It seemed very simple. However, again the situation began to multiply in complexity. Griffith found that in the *Group A* there were over a hundred different strains responsible for human infections. This was not the most disconcerting fact. He found that the organisms would not play the game of infection fairly. He would isolate a strain from scarlet fever, and possibly the next time the same strain appeared it would be from a case of erysipelas, or puerperal sepsis. Then it gradually became known that the strains in *Group A* were not specific; that is, there was no such a creature as a scarlet fever streptococcus, or an erysipelas streptococcus. It was a shocking state of affairs. In fact, all of these diseases, scarlet fever, epidemic sore throat, erysipelas, puerperal sepsis, and the other streptococcal infections, can no longer be regarded as clinical entities, but merely as different manifestations of the same disease.

In the study of strains isolated from scarlet fever cases, it was found that the rash was caused by a toxin, the erythrogenic toxin, elaborated by the organism. It was observed, also, that some strains would produce only a small amount of toxin, while others would produce a large amount. This fact offers one answer to the question why one locality may have a more severe type of scarlet fever than some other locality.

At this stage we should pick up the third thread, the history of the control of scarlet fever. Avoidance of the ill was probably the beginning of compulsory isolation and quarantine, which, in the case of scarlet fever, was being carried out in some parts of England prior to 1875, the year of the passing of the Second Public Health Act. This Act sponsored quarantine — isolation and quarantine just as it is practised today in British Columbia and most other enlightened areas of the world. From your knowledge of the multipotentiality of the *Group A* organisms, you are able to suspect just how much your methods of quarantine can do in the case of scarlet fever. Even public health authorities have little confidence in it, otherwise they would agree. On this continent, scarlet fever is quarantined anywhere from 60 to 21 days in various localities. Of course this is just like trying to control tuberculosis by isolating every tenth open case. Also, to make matters worse, the majority of your cases of scarlet fever are released from quarantine without your knowing whether they are free of *Group A* haemolytic streptococci. Not only is that not public health practice, it is not common sense.

The second method of attempted control of the disease is the use of specific prophylactic agents. About 1925 the use of scarlet fever toxin was begun, and it was claimed to be the answer to the scarlet fever problem — that scarlet fever control must include *Group A* haemolytic streptococcus control. Therefore, the question must be answered: does scarlet fever toxin prevent infection by all of the *Group A* organisms? Unfortunately it does not. Scarlet fever toxin immunization protects only against the heavy toxaemia that may occur during streptococcal infections. It will reduce the death rate from streptococcal infections and will prevent the toxic complications of myocarditis and nephritis — a sufficiently important feature to warrant its more widespread use. Let us now attempt to tie the threads together, to examine the composite pattern. An explanation of the variety of clinical forms of scarlet fever has been advanced; namely, that the local mildness or severity of the disease depends upon the *Group A* streptococcus haemolyticus flora of the locality. It is possible, at any time, for the environment to be invaded by an organism that is a powerful erythrogenic toxin-producer, with a resultant increase in the severity of the disease.

Because of the multipotentiality of the *Group A* organism, it is easy to see why the current quarantine methods are more traditional than adequate. This inadequacy of quarantine, combined with the knowledge that scarlet fever toxin immunization will not prevent streptococcal infection, makes it clear that the final elements of control are not at hand.

At present, scarlet fever toxin provides us with the only recognized means of active immunization, and certainly its use should be encouraged, but I feel that the complete solution to the problem will not be forthcoming until an anti-bacterial agent has been developed. The responsibility for the discovery of an antigen that will induce anti-bacterial immunity must be left to the laboratory worker, but you have your part to play.

The revision of your methods of attempted control of streptococcal infections is now overdue. It is no longer consistent with our knowledge to confer a specificity upon scarlet fever and ignore its causal relationship with the multitude of *Group A* haemolytic streptococcal infections. No longer is it consistent with our knowledge to release a patient from quarantine without laboratory assurance that he is free of *Group A* organisms. Your debt to the public that entrusts you with their health is the logical and common-sense application of isolation and quarantine, based upon the modern conception of scarlet fever.

Swift Running Water

A convenient place of meeting, because the wood along the Bow and Elbow Rivers was the best in the Northwest for the making of bows, Calgary was a business centre for Indian tribesmen countless centuries before the coming of the first white men. Richly endowed by nature, with the Rocky Mountains on the western horizon, Calgary still lures the traveller from afar to partake of her hospitality.

According to generally accepted records, Chevalier de Niverville led the first party of white men along one of the great rivers into Alberta and established the mysterious Fort la Jonquière near the Rocky Mountains in 1751, although whether near Calgary or Edmonton no one knows. There was no exploration of the west for exploration's sake. Each of the pioneers sought wealth in some form—Chevalier de Niverville with dreams of gold and jewels, and Anthony Hendry, who came down from Hudson's Bay in 1754, with the hope of persuading the Indians to go to the Bay to trade their furs instead of to the French posts along the Great Lakes.

During the first half of the nineteenth century some famous names appear in the history of Alberta—Sir George Simpson, a Hudson's Bay Factor, on one of his whirlwind crossings of the continent; Sir John Franklin, slowly moving north towards the Arctic where he was to die; David Douglas, serenely unconscious of danger, gathering flowers for the Royal Horticultural Society of Great Britain; Paul Kane, the first great Canadian artist, preparing for posterity his sketches of the great lone land. Forerunners of the new era came in 1860—Captain Palliser, servant of the British Government; S. J. Dawson and Henry Youle, sent out by Canadian authorities.

On July 15, 1870, Rupert's Land and the Northwest Territories were united with the Dominion of Canada. The first Lieutenant-Governor, the Honourable A. G. Archibald, arrived at Winnipeg, on September 2, a few days after Louis Riel had fled the prairie capital. In 1874, the Northwest Mounted Police, formed on the recommendation of Captain Francis Butler, started their march westwards and the wild days of the West were over.

Colonel James F. MacLeod, coming west with the first contingent of Police, named the tiny fort Calgary,

signifying in Gaelic "swift running water", after a place near his old home in the Isle of Skye. In 1884, the town was incorporated with a population of 500 persons and ten years later became a city. In the towns and cities of Alberta are many who remember the brave days before 1890 when what was to be the Foothills Province began to reveal what it held in store for men and women who made their home within its boundaries.

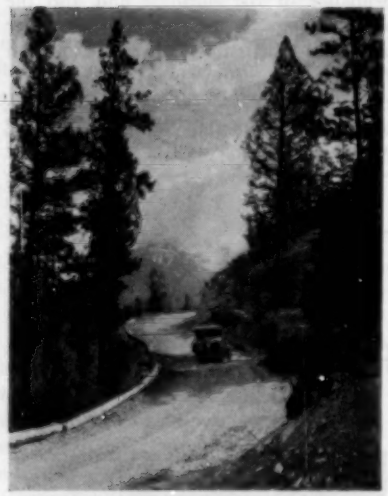
Nestling in the foothills and in the shadow of the mighty Rockies, Calgary is known as the City of the Foothills, but Sunshine City might be more appropriate, because of the abundance and brilliance of the sunshine and also the sunny, happy, friendly disposition of her people. The members of the Canadian Nurses Association may rest assured that a friendly greeting awaits them when they assemble for the General Meeting in June, 1940.

The President of the A.A.R.N.

Welcome, on behalf of the Alberta Association of Registered Nurses, will be extended by its president, Miss Rae Chittick. Since 1926, Miss Chittick has held the position of instructor of health education in the Provincial Normal School, in Calgary, Alberta. She is a graduate of the Johns Hopkins School of Nursing, and holds the B.Sc. degree in health education and public health nursing conferred by Columbia University. In addition to being a recognized authority in the field of health education, Miss Chittick has the gift of a vivid and charming literary style and there were many favourable comments on her delightful article "Nursing comes to the Last Frontier", which appeared recently in the *Journal*. Elsewhere in this issue, under the caption of "Swift Running Water", Miss Chittick tells us about the stirring pioneer days of Calgary. The Canadian Nurses Association has made a good choice of its place of meeting.

The Land of Happy Holidays

CYRIL G. WATES



The Province which the Marquis of Lorne named in honour of his wife is known by various descriptive titles. To some it is "Alberta of the Golden Grain Fields", to others, "Alberta, the Trial Ground for Sociological Theories"; but as time passes, the Province is earning itself a new title: "Alberta, the Land of Happy Holidays." It is in the western part of the Province that we find the holiday surroundings which are so uniquely characteristic of Alberta — the main range of the Canadian Rockies with their mighty peaks and glaciers, hot springs and icy lakes, waterfalls and shady spruce forests. Here is a land of happy holidays indeed, and even from a purely commercial standpoint, the National Parks of Alberta are a source of wealth many times as great as an equal area planted in wheat.

Proceeding west from Edmonton, we enter Edson, a prosperous little town pleasantly situated in a forest of second-growth spruce. For several miles beyond, the road ascends a long gentle grade. As the car tops the crest, a wide prospect opens and, far away in the southwest, we get our first glimpse of the mighty escarpment of the Rockies, its grey ramparts softened by the blue haze of distance and broken here and there by the silvery gleam of snowfields. Now the road swings to the south and descends a long hill to the valley of the "Mighty Athabaska". Here we enter historic ground; we are following the footsteps of the explorers and fur traders who opened a route to the Pacific up this valley, more than a century ago.

The mountains are drawing close, dominated by a great limestone peak whose western face falls away in a sheer precipice over two thousand feet in height. This is Roche Miette, first of many peaks in the region which bear French names, given to them by Father De Smet, the Catholic priest who passed along this route in 1846 and wrote humorously of his efforts to remove the superfluous fat which he feared would encumber him in crossing the mountains.

A sign appears — "one mile to Park Gate" — and we slow down and stop at a little stone building where a genial official of the Dominion Government registers our names and makes out our camping permit. Do not decline his offer of a drink from the tiny stream which flows over a miniature water-wheel by the road. It is a magic potion which will draw you back to this Land of Happy Holidays, even from the ends of the earth.

Now we are in the very heart of the Rockies. At the first bend of the high-

way the plains disappear, not to be seen again during our visit to Jasper Park. We cross Fiddle Creek and come to a fork in the road. Turning to the left we drive for eleven miles over one of the most remarkable pieces of highway engineering to be found anywhere in Canada. We pause for a brief stop at Punch Bowl Falls, and then continue to where, set like a sapphire in a narrow canyon, the Government Swimming Pool collects the steaming sulphur waters of Miette Hot Springs, known to the Indians for hundred of years for their curative properties. Do not be surprised if mountain sheep come down from the hills to watch your antics in the warm water, or cluster around your back door in the early dawn. The big-horn sheep have frequented this valley for thousands of years, and are not to be driven away by the intrusion of two-legged animals, carrying bathing suits and cameras.

Back on the main road, we follow the Athabaska south. Three miles beyond the fork we pass the Disaster Point Hut, one of the numerous cabins maintained by the Alpine Club of Canada for the use of its members and their friends. If you like scrambling and have an introduction from a member of the Club, you can stay at this resort, with its spacious verandahs and cosy living room. The frowning cliffs of Roche Miette are right at your back door, and you can enjoy rock climbing to your heart's content.

Twenty miles further, and we enter the town of Jasper, headquarters for Canada's greatest National Park, and gateway to the most dramatic mountain scenery on the North American continent. It is no longer a question of how long you will stay. What will worry you is what is the last moment of happiness you can snatch without losing your job!

It is impossible to catalogue all the beauty spots of this wonderful vacation land, but there are a few trips you must not miss on your first visit. Drive to Pyramid Lake, nestling at the foot of Pyramid Mountain, whose glowing cliffs have earned the name of "the fire opal of the Rockies". Visit Lac Beauvert and the Lodge, where they will show you the cottage where the King and Queen paused to rest on their historic journey across Canada. Only nine miles away you will find Maligne Canyon, where, from rustic bridges, you may gaze down into gloomy abysses filled with the roaring of water.

Another unforgettable day should be spent at the foot of Mount Edith Cavell. The broad sweep of glacial ice, the mighty cliffs of the great peak whose snowy summit is poised in the deep blue sky more that eleven thousand feet above sea level, the spreading "wings" of the Angel Glacier broken into the semblance of feathers by yawning crevasses; these

The Angel Glacier

are things you will remember long after your holiday is over.

You may want to leave the Park by the new Jasper-Banff Highway, that marvellous road which follows the very crest of the continent. Motors speed safely where, in past years, the silence was broken only by the roar of mountain torrents and the crash of avalanches. Do cataracts stir your admiration? Athabaska Falls, Sunwapta Falls, Panther Falls, challenge comparison with the famous torrents of the world, if not in volume at least in height and impressive power. Do you yearn for the peaceful shimmer of mountain lakes? Waterfowl Lakes, Peyto Lake, Bow Lake and a dozen others await you; each with its own peculiar charm and each set in surroundings of indescribable grandeur. Are you interested in glacial phenomena? These mighty frozen rivers descend from the peaks on all sides, and at one point you can drive your car to the very edge of the ice and set foot on the glassy surface where, in the winter, skiers speed over the unbroken snow.

Above all, if you are a mountaineer, there is a new world awaiting the tread of your nailed boots. Peaks of every height and difficulty are strung along the two hundred mile length of the new highway. Experienced Swiss guides are available and the Alpine Club of Canada offers its extended resources to all who feel the call of the sunny summits.

Reader's Guide

Modern therapeutic methods, such as continuous gastric drainage, require unusual skill on the part of the nurse. **E. Gertrude Ferguson** gives an admirably clear exposition of a difficult procedure. Miss Ferguson is instructor of practical nursing in the School of Nursing of the Ottawa Civic Hospital.

For a long time we have been trying to persuade special nurses to say a word on their own behalf and now **Elizabeth A. Smith** speaks with a sympathetic understanding which is based upon personal experience. Miss Smith is a graduate of the School of Nursing of the Montreal General Hospital, and has the enviable reputation of being "the sort of nurse you would like to have if you were very ill".

Although the value of bedside teaching is recognized by all competent instructors and head nurses, it is not always easy to arrange a program which is mutually acceptable. **Ethel J. Rolston** and **H. Clare Henderson** show how this may be done, provided that unselfish co-operation is available. Miss Rolston is surgical nursing supervisor, and Miss Henderson medical teaching supervisor, in the University of Alberta Hospital, Edmonton, Alberta.

A definite challenge is conveyed in the modern conception of scarlet fever, as presented by **Dr. Lawrence E. Ranta,** assistant professor in the department of bacteriology and preventive medicine in the University of British Columbia. Dr. Ranta's article is the substance of an address delivered before the Public Health Section of the Registered Nurses Association of British Columbia.

The Alpine Club of Canada includes in its membership some of the most distinguished mountaineers in the world. **Mr. Cyril G. Wates** is the president of the Club, and the *Journal* is proud to publish his article on "the land of happy holidays".

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

International Council of Nurses

Miss M. McEwan, tutor to the Public Health Students of the Royal College of Nursing, London, England, who was appointed chairman of the Public Health Nursing Committee of the International Council of Nurses following the Quadrennial Congress 1937, found it necessary to resign within recent months.

Miss Edna L. Moore, Chief Public Health Nurse, Division of Child Hygiene and Public Health Nursing, Department of Health, Ontario, has accepted the chairmanship of the International Public Health Nursing Committee. The personnel of this Committee consists of the chairman of corresponding committees in national member organizations of the International Council of Nurses. The Canadian Nurses Association's representative is Miss Margaret Kerr, Chairman, Public Health Section, C.N.A., and instructor in the Department of Nursing and Health in the University of British Columbia.

General Meeting

In previous issues of the *Journal* these *Notes* have included quite an amount of detail on the twentieth General Meeting of the Canadian Nurses Association which is to be held in Hotel Palliser, Calgary, Alberta, from June 24-29, 1940. An outline of the programme appeared in the April number of the *Journal*. The speakers who have accepted invitations to address the General Meeting are: Mrs. Rex Eaton of Vancouver, whose address on "A Lay Woman Looks In" will follow the presentation ceremony of the Mary Agnes Snively Memorial Medals on Tuesday evening, June 25, and Dr. A. Vibert Douglas, Dean of Women, Queen's University, Kingston, Ontario. Dr. Douglas, as dinner speaker, has chosen as her topic "A Threefold Challenge." The dinner is scheduled for Wednesday evening, June 27.

As the Canadian Nurses Association develops, the construction of a programme for General Meetings produces numerous problems. At present the programme must be based on the requirements of a national association which, as a federation of the nine provincial associations of registered nurses, represents over 16,700 affiliate members. Coupled with this type of organization is the regulation in the by-laws by which the Association meets biennially.

While the Programme Committee recognizes that a portion of those who attend a national meeting might prefer to listen to paper after paper or address following address, of necessity the plan of programme must allow sufficient time for the presentation and discussion of reports. The general plan by which the National Organization can best promote and achieve the objects for which it exists is through the effective workings of the special committees by which revision of policies and expansion of varied projects must be studied, therefore at a general meeting the findings and recommendations of special committes should be thoroughly discussed before decisions can be reached and plans made for future development.

Nurses who attend the General Meeting should arrange to remain until the close of the final session as, in both programme and entertainment, Friday should be an outstanding day. At the morning session the Provincial Associations and the National Sections will report activities for the biennium 1938-1940. As these reports are read and discussed there are created understanding and appreciation of problems and developments, similar and dissimilar, which demonstrate the need for unity of purpose among Canada's nurses.

By purposeful arrangement, the forum on Friday afternoon brings opportunity to analyse the responsibilities of nurses, and nursing service, as these arise in time of war and later during the reconstruction period. The forum is to be conducted by members of the Association who, after serving as Nursing Sisters with the Royal Canadian Army Medical Corps 1914-18, have continued progressively active in the interests of their profession.

At the final session on Saturday morning, the Resolutions Committee brings in its report; this means that decision must be made on all resolutions not adopted at time of presentation throughout convention week. Usually an interesting item of business at the final session is the announcement of election results and the installation of new officers, as the present officers are the only nominees to office for the next biennium, an election will be unnecessary. The following members will serve during 1940-42: President, Miss Grace M. Fairley, Vancouver; first vice-president, Miss Elizabeth L. Smellie, Ottawa; second vice-president, Miss Marion Lindeburgh, Montreal; honourary secretary, Miss Kathleen I. Sanderson, Vancouver; honourary treasurer, Miss Alena J. MacMaster, Moncton.

All members in good standing in the Provincial Associations are privileged to participate in discussion. The voting body at a general meeting consists of the official delegates from each federated unit. This official body only is permitted to vote on questions that have been submitted previously to the Provinces. On all other questions where the policy of the Provincial Associations is not involved, all members in good standing may vote.

It is advisable for members to carry with them their provincial membership card as a means of identification.

The hostess organization, the Alberta Association of Registered Nurses, assisted by local groups of nurses in Alberta, has arranged a programme of entertainment which includes:

Monday, June 24: A dinner in honour of the Executive Committee of the Canadian Nurses Association, by the Executive Committee of the Alberta Association of Registered Nurses.

Tuesday, June 25: Following the evening session, a reception will be held with the Alumnae of Schools of Nursing in Alberta serving refreshments.

Wednesday, June 26: A breakfast at 8.15 a.m. for Roman Catholic delegates at the Hotel Palliser, following a special Mass at Holy Cross Hospital.

At 12.30 noon, a luncheon for the Overseas Nursing Sisters Association of Canada and later a tea for the same group at the home of Mrs. John Burns, with the Alberta Division as hostess.

On Wednesday evening, the customary dinner held at each general meeting will take place in the Hotel Palliser.

Thursday, June 27: Luncheons have been arranged for Canadian University Alumnae; the evening is reserved for social functions as arranged by various Alumnae, etc. Also at 9 p.m. in the Hotel Palliser, a film on life as a student at the Florence Nightingale Inter-

national Foundation will be shown by a former student, Miss Claribel McCorquodale, of Toronto.

Friday, June 28: From 12.15 to 2.15 p.m., the Instructors Group and the Provincial Registrars each meet for luncheons. These luncheons are first attempts by each group to meet during a general meeting.

Later in the day, the nurses are to be the guests of the Department of Public Health for the Province of Alberta at a lawn supper at the Central Alberta Sanatorium, while during the evening the guests will enjoy a drive by motor car to the Turner Valley, famous for its oil fields.

Hotel Rates

In previous issues of the *Journal*, under the caption of *Notes from the National Office*, the statement was made that the rate charged by the Palliser Hotel for rooms accommodating three persons is $1.25 per person. The convener of the Arrangements Committee now explains that this information is not correct and that the rate charged is $1.75 per person.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Graduate Staff Nurses, Provincial Mental Hospital, Ponoka	$10.25
Lethbridge Graduate Nurses Association	5.00
Medicine Hat Graduate Nurses Association	5.00
Nursing Staff of the Junior Red Cross Hospital, Calgary	2.00
Overseas Nursing Sisters Association, Edmonton Branch	10.00
Public Health Nurses, Province of Alberta	21.00

Nova Scotia:

A.A., City of Sydney Hospital Sydney	5.00
Cape Breton and Victoria Branch, Registered Nurses Association of Nova Scotia	10.15
Cumberland County Branch, Registered Nurses Association of Nova Scotia	10.15
Valley Branch, Registered Nurses Association of Nova Scotia	15.00

Ontario:

A.A., McKellar Hospital, Fort William	5.00
A.A., Ross Memorial Hospital, Lindsay	5.00
District 7, Registered Nurses Association of Ontario	10.00
Florence Nightingale Association of Windsor	5.00

Prince Edward Island:

Registered Nurses Association of Prince Edward Island	50.00

Quebec:

Montreal Association of Overseas Nursing Sisters	3.00

Saskatchewan:

A.A., General Hospital, Moose Jaw	3.00
A.A., General Hospital, Regina	5.00
A.A., Grey Nuns' Hospital, Regina	5.00
A.A., Queen Victoria Hospital Yorkton	5.00
Anna Turnbull Hospital, Wakaw	2.00
General Hospital, Birch Hills	5.00
Miss M. E. Ingham, Moose Jaw	1.00
Public Health Section, Regina	3.50
Public Health Section, Saskatoon	3.25
Queen Victoria Hospital, Yorkton	3.80
Registered Nurses Association, Regina	10.00
Registered Nurses Association, Saskatoon	5.00
School of Nursing, St. Elizabeth's Hospital, Humboldt	5.00
School of Nursing, Holy Family Hospital, Prince Albert	3.00
School of Nursing, Grey Nuns' Hospital, Regina	5.00
School of Nursing, St. Paul's Hospital, Saskatoon	5.00
Union Hospital, Cabri	2.00
Union Hospital, Gull Lake	2.00

The M.A.R.N. Annual Meeting

GERTRUDE M. HALL

Nurses and students from many parts of Manitoba recently gathered in Winnipeg to attend the annual convention of the Manitoba Association of Registered Nurses. The invocation was pronounced by the Rev. Mr. Donnelly, and an address of welcome was given by Mrs. J. S. McDiarmid, and replied to by Miss Millicent Turner, of Neepawa. Miss Evelyn Mallory, in an excellent presidential address, restated the objectives of the Association, and the following note of warning was sounded:

> While hospitals are faced with such heavy financial burdens and when retrenchment becomes so necessary, either nursing education must be made to cost less or it must be financed from sources outside the hospital. If the hospital must compromise by utilizing the services of ward-aids or attendants along with graduate nurses, the problem then arises as to the control of the subsidiary worker. That we should be prepared to meet this situation is the challenge we must accept.

The Executive Secretary and Registrar reported on the progress of the Association, including an increase of 22 percent in the active membership. Two hundred and fifty-four new registrants were granted membership during the year. A study of the results of the 1939 registration examinations has been made and graphs illustrating these results were on display during the convention. The Executive Secretary also gave a synopsized report of the recently completed survey of the Schools of Nursing. A Provincial Committee has been appointed to study the report, with a view to assisting in implementing measures for improvements. Among the problems requiring consideration, is the need of revision of the Act respecting registration. The lack of legislation in respect to requirements of hospitals conducting schools of nursing is a handicap, and although the content of the curriculum has been increased, this has been accomplished by superimposing it upon the structure already there, and we are on exactly the same educational pathway we were treading twenty-five years ago. Integration of the sciences, with examples as to how this might be accomplished, was offered as one means of remedying the problem of an overloaded curriculum. Attention was drawn to the educational exhibit on display which indicated the requirements of a good School of Nursing. This consisted of a cardboard structure 36 x 39; the windows were formed of pictures, obtained from several schools of nursing in Manitoba, illustrating desirable features such as a teaching unit; library; living conditions; affiliated services; provision for extra-curricular activities, qualified personnel.

Reports from the following Nurses Associations in the Province were heard with interest: Brandon, Dauphin, Portage la Prairie, and Flin Flon. These were followed by reports of the activities of the various Sections, Committees and representatives to affiliated organizations. Each report showed evidence of progress being made and an awareness of the needs of the future.

Professor H. M. Clokie of the Department of Economics, University of Manitoba, gave a most interesting address on "Conserving the Elements of

Citizenship". Dr. A. C. Sinclair, of St. Boniface Sanatorium, gave an excellent address on thoracoplasty, illustrated by moving pictures. Dr. A. T. Mathers spoke on sleep and sleeplessness, and suggested that this condition merits greater thought from the medical profession than is usually given to it. Measures which sufferers from insomnia might employ were outlined. Dr. J. T. Cruise spoke on infections of the outer ear and emphasized that if neglected, they might lead to serious impairment of hearing.

An excellent demonstration was given of the methods of education employed at the School for the Deaf showing how beginners are taught to read and write. The importance of lip-reading was stressed and the principal asked for co-operation in getting children into touch with the school as near the age of seven years as possible. A demonstration, by children from the City schools, was given in the form of a health play which illustrated the value of this form of health teaching. The Rev. Father Wood was the guest speaker at the Nursing Education luncheon and his stirring address on patriotism will not soon be forgotten. An interesting demonstration of the nursing care of the rheumatic patient was given by members of the Brandon Graduate Nurses Association. Emphasis was placed on "quality" nursing and was ably demonstrated by the group. During the tea hour, interest was centered on the "fashion promenade", followed by a round-table discussion of nursing problems.

On Saturday afternoon, Miss Mildred Wilkins, health instructor in the Winnipeg General Hospital, gave an excellent outline and demonstration of the integration of public health in the curriculum. Miss Violet Hannon, health instructor in the Provincial Normal School, told about the instruction which is given to enable teachers to take a health programme into their classrooms. Twelve preliminary students from the School of Nursing of the Winnipeg General Hospital conducted a round-table conference, beginning with the query: "What happens when we consume a tomato and bacon sandwich"? Tracing the digestion throughout, the students were all unconscious of the audience who listened in amazement at the knowledge these embryo nurses had already acquired. Miss Edith McDowell, the science instructor, might well be proud of her achievement in trying out this new method of teaching.

The closing session took the form of a banquet at which more than 250 guests gathered and over which Miss Eva McNally presided. Dr. W. C. Graham, Principal of Wesley College, gave an excellent address, in which he spoke of changes in the field of general education. In shaping the educational activities of any profession, and particularly those highly institutionalized, one should press steadily toward the strict observance of the principle that the service which a candidate may render during training is always subordinate in importance to the service he or she will render after training is over, was Dr. Graham's contention.

Fourteen schools of nursing had student representation throughout the convention, and musical numbers were contributed by students from the Winnipeg Schools of Nursing during several of the sessions.

The officers elected for the coming year are: president, Miss Evelyn Mallory; first vice-president, Miss Lois Lethbridge; second vice-president, Miss E. McDowell; chairman of the nursing education section, Miss E. McDowell; chairman of the public health section. Miss F. King; chairman of the private duty section, Miss C. Bourgeault.

THE A.R.N.P.Q. ANNUAL MEETING

The twentieth annual meeting of the Association of Registered Nurses of the Province of Quebec was held in Montreal during the second week of May and, as always, was an unqualified success. The official report will not be available before this *Journal* goes to press, but will appear in the July issue. By courtesy of the Executive Secretary, Miss E. Frances Upton, the *Journal* is authorized to publish the names of those who will serve on the Board of Management during the ensuing year. These are as follows:

President, Miss Eileen C. Flanagan, supervisor, Hospital Division, Montreal Neurological Institute; vice-president (English), Miss Mabel K. Holt, principal, School of Nursing, Montreal General Hospital; vice-president (French), Rev. Sister Valérie de la Sagesse, superintendent of nurses, Ste. Justine's Hospital, Montreal; honourary recording secretary, Miss Suzanne Giroux, superintendent of nurses, St. Luke's Hospital, Montreal; honourary treasurer, Miss Catherine M. Ferguson, lady superintendent, Alexandra Hospital, Montreal; members without office: Miss Margaret L. Moag, superintendent, Victorian Order of Nurses, Montreal Branch; Miss Fanny Munroe, superintendent of nurses, Royal Victoria Hospital, Montreal; Miss Maria Roy, nursing supervisor, Montreal Department of Health; Miss Alice Albert, local supervisor, Nursing Service, Metropolitan Life Insurance Company, Montreal; Miss Juliette Trudel, assistant to the superintendent of nurses, Ste. Justine's Hospital, Montreal.

A statement will be made later concerning the appointment of the chairmen of the various Sections, as well as the personnel of the advisory board, the board of examiners, and special committees.

OVERSEAS NURSING SISTERS ASSOCIATION

Arrangements have been completed for the seventh biennial meeting of the Overseas Nursing Sisters Association of Canada which will be held on June 26, 1940, immediately following a twelve o'clock luncheon at the Palliser Hotel, Calgary, Alberta. Our Matron-in-Chief, Miss Margaret MacDonald, R.R.C., L.L.D., will be present, and has allowed her name to be placed on the agenda for a short address.

A hearty welcome will be given by the presidents of the local units, Mrs. E. C. Higginbotham of Calgary, and Mrs. John Turner of Edmonton. Following the business meeting, the local units of Calgary and Edmonton will be hostesses to the Overseas Sisters at a tea and garden party at the home of Mr. and Mrs. John Burns.

Although Canada, as a member of the British Commonwealth, is again involved in war, it is hoped that delegates and many members from the units will be present to renew old friendships and make this a joyous occasion.

—MAY CRUMMY
Secretary-Treasurer, O.N.S.A.

THE LIPPINCOTT LOUNGE

Do you remember the delightful "Lippincott Lounge" which was such a popular rendez-vous at the Biennial Meeting of the Canadian Nurses Association in Halifax? Thanks to the courtesy of the J. B. Lippincott Company, the same gracious hospitality is to be extended again this year at Calgary. On the tenth floor of the Palliser Hotel, you will find a comfortable suite of rooms, reserved for ladies only, where you may rest between sessions, meet your friends, and relax in congenial surroundings.

STUDENT NURSES PAGE

The Vision of the Landscape Gardeners

GERTRUDE CRISFORD and IRMA SPIESS

Student Nurses

School of Nursing, Moose Jaw General Hospital

When constructed in 1904, our hospital was a three-storey brick building on the bank of the Moose Jaw River. A circular driveway led up to the imposing entrance where white colonnades stood guard on each side of the door. The river, flowing lazily below, could be approached by a flight of steps and a winding path across narrow "flats". Here were flower beds, tall shady trees, and benches.

This thirty-bed hospital did not long answer the needs of an ever-expanding community. A new wing was built back from the river, which, with the original hospital formed the letter T; later on yet another was added which transformed theT into an I. "The old order changeth yielding place to new", and the entrance was transferred to the new wing and now leads to a city street. The original building, called the "old wing", now stands at the back of the hospital in, dejected grandeur, somewhat resembling the ruins of an old southern manor, sorrowfully regarding the river and some rather neglected parkland.

Last spring the preliminary students of March, 1939, had a vision — that little beauty spot restored, a place to sit in the shade, read, talk, study under the trees. Here would be a haven where we might forget the extreme heat, the dusty dryness of the country beyond the "flats"; the river breezes and dampness might lessen the possibility of intrusion by grasshoppers. So we donned our slacks, obtained rakes, hoes, spades and set to. How our muscles did ache! But each day we looked forward to the evening out in the garden. And then came our great disappointment! It seems that several years ago, a mineral spring in the "flats" had left a salt deposit, rendering the soil unsuitable for most vegetation. Soil analysis at the Provincial Laboratory proved this to be so. Our vision nearly vanished, but as a consolation we were given a plot between the hospital and the nurses home and supplied with seeds and plants. Here we happily spent the evenings which followed.

We organized in groups and planned the lay-out of our garden. Suitably placed in the plot was one lone tree. We marked off corner and centre flower beds, the remainder to be laid in lawn. and decided the disposition of plants and seeds. Each group was given about twenty-five gladioli bulbs and these we planted in a separate plot. Prizes were offered for the best blooms and excitement was great (as was also experience

in growing gladioli). Mishaps were many, the workers were frequently called to the phone; social engagements prevented others from attending; the group in the centre bed mixed their seeds. And then in the midst of the seeding session, wonder of all wonders — it rained!

The strenuous preliminary labours over, and blistered hands healed, we watered and weeded in shifts, and eventually saw our garden bloom. But alas, for the centre bed! The small border plants were in the middle, entirely hidden by the taller outside plants. We had named it our "miracle garden" — a miracle "if", "when", and "where" the seeds came up!

We used our blooms for the decoration of trays and rooms, and the patients on that side of the hospital viewed with interest and anticipation our efforts at gardening. Despite drought, multitudes of grasshoppers, hail storms, our garden thrived and was considered a success.

And what of this year? We have our plot as before and, in addition, a larger area nearby, previously unplanted. We had observed with interest that weeds thrive in the little park by the river, so this year we will plant some hardy flowers, and perhaps potatoes to prepare the soil for future glory, and then await results. Maybe next year we shall realize our vision.

Obituaries

DULCIE JEAN MACPHERSON AUSTIN, beloved wife of Dr. Charles Austin, of Enniskillen, Ontario, died on April 17, 1940. Mrs. Austin was a graduate of the School of Nursing of the Kingston General Hospital, and a member of the Class of 1936.

ELIZABETH E. HARRIS died on April 3, 1940, in Ottawa, Ontario. In her passing, Canada loses an outstanding member of the nursing profession. Mrs. Harris (née Hagen) was a member of the first graduating class of the School of Nursing of St. Luke's Hospital, in Ottawa. After a short period of private duty nursing, she took over the field work of the then recently organized Ottawa Anti-tuberculosis Association. This was one of the first pieces of public health work attempted in Ottawa, and it is largely due to the courage and faithfulness of the nurse chosen to do it, that we owe its survival and present status.

Mrs. Harris was a graduate of Rideau St. Convent, and was a niece of the late Rev. Sister Theresa, of the Grey Nuns of the Cross. Sister Theresa was an outstanding educationalist, and the close companionship between her and her niece reflected itself in the forward vision and broad sympathies of the latter. Mrs. Harris was noted ever for her loyalty and honesty. Sham, and foolish pretence had no place in her scheme of things. Ottawa has lost a fine citizen, and everyone who knew her has lost a friend.

Nursing Service, R.C.A.M.C., C.A.S.F.

The Canada Gazette announces that Nursing Sisters, M. Macdonald, L. A. Macdonald, and N. J. Enright have been appointed to be Matrons. The following have been appointed to be Nursing Sisters.

H. M. Randall, H. E. Sirrs, F. E. Richardson, M. B. Robinson, R. Rogers, M. P. Porter, H. E. L. Pangman, L. M. Parr, C. M. Mitchell, A. B. Jones, D. I. Horton, G. L. Hope, V. H. Hora, M. K. Hunt, E. M. Gordon, I. M. Fairfield, E. A. M. Disher, M. E. Dewar, J. L. Clemens, J. A. Clifton, M. K. Scott, M. E. Walters, L. M. Hamilin, F. M. Matthews, F. E. Tyner, M. J. Watt, L. McNee, H. F. Carson, H. V. Sinclair, M. C. Mahon, G. M. McCarthy.

A Canadian-Polish Ambulance Unit

A well equipped Unit, consisting of two motor ambulances, has been provided from a fund raised among Poles in Canada and transmitted to the Polish Relief Fund through the Canadian Red Cross Society. The Unit was formally handed over to the Polish Ambassador in London by Mr. R. B. Bennett, head of the Canadian Red Cross Society in England.

The commandant is Miss Patt Tuckett, a graduate of the School of Nursing of the Toronto Western Hospital, who served with distinction as a Nursing Sister during the last Great War, both in Canada and abroad.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Margaret Adams, who has been employed by the Liverpool branch for the past few months as a relief nurse, has been admitted to the Halifax staff. Miss Adams was formerly in charge of the branch at Canso, N. S.

Miss Verna Huffman has been transferred from the Brantford staff to the York Township staff.

Miss Jean Forbes has been transferred from the Montreal staff, where she held the position of assistant supervisor, to replace Miss Reid as assistant district superintendent of the Halifax branch.

Miss Ellen S. Reid has resigned as assistant district superintendent of the Halifax branch and is being replaced by Miss Jean Forbes.

Miss Margaret Merriam has been granted leave of absence from the Yarmouth branch for four months, and *Miss Anna MacKenzie* will take charge of the branch during her absence.

Miss Georgina Carr has been granted leave of absence from the Peninsula branch for four months. *Miss Helen Waring* of the Toronto staff will take charge of the branch during her absence.

Miss Amy Holden has been granted a three months leave of absence from the Newcastle branch. *Miss Eleanor Wheler* will replace Miss Holden as nurse-in-charge for this period.

Here's a Good Steer!

Of course you are coming to Calgary for the Biennial Meeting to hear what the Association is doing, to meet your friends, and find out what's new . . . . and then! Be thrilled by broncho busting, wild steer riding, chuck-wagon races, and meet a real cowboy at the Calgary Stampede. The Stampede was first held in 1912 and was incorporated as a feature of the Calgary Exhibition in 1923. Each year the Exhibition demonstrates the resources of the Province, and the livestock exhibits indicate how well Alberta is adapted for the raising of cattle, horses, sheep, swine and poultry.

The colourful Stampede Parade, about four miles long, includes Indians, old-timers, chuck-wagon outfits, and cowboys using over a thousand horses. It is a show of, and by, the range folk. Its daring and its spirit of adventure attract thousands of visitors from cities and towns far and near. City folks go "buckin' horse mad", and learn, as the thrill-packed days roll on, to pronounce rodeo with the proper western accent on the "de" which mysteriously becomes "day", and to know that excited yells of "rake 'em cowboy" do not necessarily involve the well-known instrument with which they clean up their lawns.

Cowboys own the streets and they appreciate it. Zing goes a rope, snap—it tightens around a visitor and the captive is led to a chuck-wagon stationed on a street corner. There he is fed range-cooked pancakes, or beans, or what-have-you right off the stove. "Eat up, mister", says the cook, and the visitor eats. It is very wise to eat.

Each afternoon you may see bucking-horse riding, wild-steer riding, wild-steer decorating, calf roping, wild-horse races, wild-cow milking. The world's best riders from Canada and the United States are contestants. Come to Calgary and add your voice to the western chorus of "Ride 'em, Cowboy".

Where to Give a Party in Calgary

When you attend the Biennial Meeting of the Canadian Nurses Association in Calgary you will surely want to arrange for a party, so here is a handy guide:

The Palliser Hotel: excellent facilities at various prices.

York Hotel: luncheon, 40 cents; dinner, 75 cents. A dining room accommodating 30 persons is available; also 2 rooms, each accommodating 20 persons.

Club Café: dinner, 65 to 75 cents. A dining room accommodating 100 persons is available which can be made suitable for smaller groups.

Tea Kettle Inn: dinner, 60 cents and up.

Avenue Grill: meals, 40 cents and up. A large and a small dining room are available.

Blue Willow: dinner 60 to 75 cents. After 6 p.m., can furnish accommodation for 20 persons in their library.

Mandarin Gordens: meals, 40 cents and up. A room accommodating 20 persons is available.

Jimmie's Limited: meals, 35 cents and up. Room in the balcony for a party of 15 persons.

Buffalo Café: average prices. Large room available.

The T. Eaton Company and the *Hudson's Bay Company* offer a convenient lunch counter service.

EXHIBITORS AT THE GENERAL MEETING

An attractive feature of the General Meeting in Calgary will be the display of products of special interest to nurses. The western section of the spacious lounge in the Hotel Palliser has been reserved for these exhibits. As this announcement was prepared for May 1, the following list of exhibitors is limited to those who made reservations before that date.

Ayerst, McKenna & Harrison Limited, Montreal, Quebec. Booth No. 1

Ayerst, McKenna & Harrison Limited will show "ALPHAMIN", a vitamin and mineral supplement containing Vitamins A, B_1, C, D and E, ferrous sulphate exsiccated, acid calcium phosphate, copper, manganese and iodine. "ALPHAMIN" provides a convenient means of supplementing the diet with essential vitamins and minerals during adolescence, pregnancy and lactation and convalescence. "MERSAGEL", a new product designed for the treatment of mycotic skin infections, will also be featured. "MERSAGEL" consists of phenyl mercuric acetate incorporated in a water-soluble, jelly base. Clinical trials have proved "MERSAGEL" most effective in correcting skin conditions such as so-called "athlete's foot" and it offers the advantages of being greaseless, stainless and odourless.

Vi-Tone Sales Limited, Hamilton, Ontario. Booth No. 2

VI-TONE, The Delicious Food Beverage, is a palatable milk beverage, processed from defatted milk, Canadian-grown soya beans, fat, barley, malt extract, high quality cocoa, sucrose, glucose, iron salts and flavouring. VI-TONE solves the problem of marketing in a palatable form the high nutritive and digestive qualities of the soya bean. VI-TONE is used in Canada in child dietary as it exhibits protein in economical form for tissue building and in convalescence and invalid dietary. As a general food beverage with nourishing and sustaining qualities it can be taken by young and old with great benefit. The name VI-TONE—standing for 'vim', 'vigour' and 'vitality'—also for the idea of 'toning up', is taken to be representative of its medicated make-up and qualities.

Shirriff's Limited Toronto, Ontario. Booth No. 4

Shirriff's Exhibit will feature "5 to 1" JELLY POWDER, specially prepared for Institutions. This product jells rapidly and delivers extra servings. As the name implies, one measure of powder will jell 5 measures of water by volume. In addition, Shirriff's will display flavourful dessert preparations which offer economy of servings. Guests of the convention will be invited to sample Shirriff's fruit juice beverages, served ice cold. These beverages are prepared from real fruit juice and are ready to serve when diluted with 7 parts ice cold water. Shirriff's famous marmalades, pure jams and jellies, together with Shirriff's extracts, will complete the display.

Reckitt & Colman (Canada) Limited Montreal, Que. Booth No. 5

Reckitt & Colman (Canada) Ltd. take pleasure in exhibiting "DETTOL" ANTISEPTIC and "DETTOL" OBSTETRIC CREAM to the Canadian nursing profession. "DETTOL" ANTISEPTIC. This modern antiseptic was developed in England some years ago and in spite of being three times stronger than pure carbolic acid by the Dominion Government's Hygienic Laboratory Test, it is non-poisonous, non-

staining and agreeable in use. "Dettol" is now used in leading Canadian hospitals, particularly in the fields of obstetrics and surgery, and it has been demonstrated that 30% "Dettol" or "Dettol" Obstetric Cream will prevent reinfection by haemolytic streptococci of the area treated for several hours. It is also used extensively for hand and instrument sterilization, wound disinfection, etc. "DETTOL" OBSTETRIC CREAM contains 30% "DETTOL" in gum tragacanth and is specially designed for use in obstetrics for the preparation of the mother and for the attendants' hands. Further details, reprints, literature and samples will be available at booth.

A. Wander Limited,
Peterborough, Ontario. Booth No. 7

Present at your last Convention in Halifax' two years ago, we are glad to have a display of our products at your Convention this year in the foot-hills city of Calgary. Our products are of high altitude quality and as "there is nothing too good for the sick" we are sure you will find our exhibit of great interest. Please note in particular: OVALTINE — a concentration of the nutritive and vitalizing principles of malted barley, eggs and milk; TODDY — the original chocolate malt and milk drink; Wander Brand MALT EXTRACT with COD LIVER OIL.

Canadian Tampax Corporation Ltd.,
Toronto, Ontario. Booth No. 8

Booth No. 8 has been reserved by the CANADIAN TAMPAX CORPORATION LTD., and will be devoted to explaining the product, TAMPAX, its scientific fabrication and its many advantages in accommodating the menstrual problem. You are invited to visit with representatives of the company, and to discuss with them your questions about this most modern type of menstrual protection. Samples will be available.

G. H. Wood & Company Limited,
Toronto, Ontario. Booth No. 9

G. H. WOOD & COMPANY LIMITED are planning a very interesting display for the forthcoming convention at Calgary There they will feature their many lines, which will include the new WOOD'S Floor Scrubbing and Polishing Machine—a floor machine which will give long and efficient service, and yet operate noiselessly. Price is very attractive; WOOD'S "Cromax" Liquid Floor Finish—which provides a wax-like surface, is relatively non-slippery, and water proof. WOOD'S Green Surgical Soaps and Liquid Olive Oil Baby Soaps are quite famous and can be found in the majority of hospitals throughout Canada. They are all manufactured under constant laboratory control; WOOD'S "Foot-Operating" Surgical Soap Dispensers, with single and double outlets, and WOOD'S Foot-Operating" Alcohol Spray Dispenser will also be featured; WOOD'S Embossed Linenized Paper Tray Cover, Doilies and other Paper Products—which substantially enhance tray appearance, and reduce costs. A visit to the WOOD'S Display is always worth while, so be sure to include it in your itinerary.

J. B. Lippincott Company,
Montreal, P. Q. .... Booth No. 10

J. B. LIPPINCOTT COMPANY will exhibit a complete selection of text and reference books for nurses; also a list of recommended books for the nursing and hospital reference library. Their newest book "Nursing Care of Pneumonia", the first of the new Lippincott monographs, will be displayed as well as new editions of Emerson's "Textbook of Medicine", Solomon's "Materia Medica" and Greisheimer's "Physiology and Anatomy".

Says **BABY-FACE BUTCH:**

"ENEMIES?

I've got millions of 'em—

THE GERM GANG!

...but, Nurse, do I mow 'em down! Yes, ma'am, 'cause my skin is protected with Mennen Antiseptic Oil. That sure does liquidate those germs!"

* * *

Nurse, Mennen Antiseptic Oil MUST do a grand job in helping to protect baby's skin —or it wouldn't be proving so effective in practically ALL hospitals with nurseries—would it? The Oil definitely reduces surface bacteria and helps keep baby's skin safer against bacterial invasion. It's in a class by itself!

Be sure to impress on mothers the importance of the baby's first year—while he is gaining strength and resistance against infections. Instruct mothers to give their babies daily antiseptic protection throughout this period—with Mennen Antiseptic Oil.

The Oil is pleasant to use, leaves no greasy residue. It is non-irritant, is self-sterilizing, will not turn rancid.

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OIL *and* POWDER

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Send me free professional samples of Mennen Antiseptic Oil and Antiseptic Borated Powder.

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_____

NEWS NOTES

ALBERTA

LETHBRIDGE:

A meeting of the Lethbridge Graduate Nurses Association was held recently at the Galt Hospital with a large attendance. Mrs. Niven, the president, was in the chair. An interesting address was given by Major H. C. Singer, Officer Commanding, 20th Anti-tank Battery, R.C.A., C.A.S.F. The trend of his address dealt with events in Europe.

The following will act as relief nurses during the summer at St. Michael's Hospital: Miss Poulson, Miss G. Montgomery, Miss F. Pendick, Misericordia Hospital, Calgary; Miss Larson, Provincial Hospital, Moose Jaw; Miss Frost, Vegreville General Hospital; and Miss M. Patton, Edmonton General Hospital.

Married: Recently, Miss Florence Thomas (Holy Cross Hospital, Calgary) to Mr. Clifford Batley.

Married: Recently, Miss Catherine Hominuke (Galt Hospital, Lethbridge) to Mr. George Sweedish.

VEGREVILLE:

The officers of the Alumnae Association of the Training School of the Vegreville General Hospital are as follows:

Honourary president, Sister Anna Keohane; president, Miss Helen Triska; vice-president, Mrs. Stanley Walker; secretary treasurer, Miss Lucienne Blouin; committees: visiting, Sister Anna O'Donovan; entertainment: Mrs. W. Barie, Mrs. D. Triska, Mrs. R. Goshko, Miss M. LeClaire.

BRITISH COLUMBIA

VANCOUVER:

Married: Recently, Miss Doris Isabelle McKinnon (St. Paul's Hospital, Vancouver) to Staff-Sergeant Thomas Martin Britton.

Married: Recently, Miss Marion Charlotte Rodd (Goddard General Hospital, Brockton, Mass.) to Mr. Alfred James Brown.

Married: Recently, Miss Eleanor Adair Brown (Royal Columbian Hospital, New Westminster) to Mr. H. F. Hume.

MANITOBA

BRANDON:

At the recent annual meeting and banquet held by the Brandon Graduate Nurses Association members of the graduating class of the School of Nursing of the Brandon General Hospital, and graduates from outside points were honour guests. Mrs. M. B. Cannon gave an interesting address, her theme being "Lest We Forget".

In the report given by the secretary, Miss K. Wilkes, reference was made to the well attended and interesting meetings held during the year. She also reported that six members presented a symposium on rheumatic fever at the M.A.R.N. convention held in Winnipeg; a St. John's Ambulance home nursing unit was conducted by a member; Mrs. Thomas Lane, an overseas nursing sister and a member of the association, has been in charge of Red Cross work and the distribution centre in Brandon; five graduate nurses from Brandon have joined the Winnipeg Unit for service overseas.

The banquet closed a most successful season, and the list of officers for the coming year was presented by Miss Jessie Hill as follows: Honourary president, Miss E. Birtles; honourary vice-president, Mrs. Shillinglaw; president, Mrs. D. L. Johnson; vice-president, Mrs. J. Sills; secretary, Miss Agnes Creighton; treasurer, Miss W. Mitchell; registrar, Miss C. McLeod; welfare convener, Mrs. S. Perdue; social and program convener, Miss V. Vance; press reporter, Miss M. Morton; conveners of groups: down town, Miss I. Campbell private duty, Miss E. Manns; doctors' wives, Mrs. B. Bird; general hospital, Miss B. Brigham; mental hospital, Miss M. Peacock; representative to *The Canadian Nurse*, Miss M. Parrett.

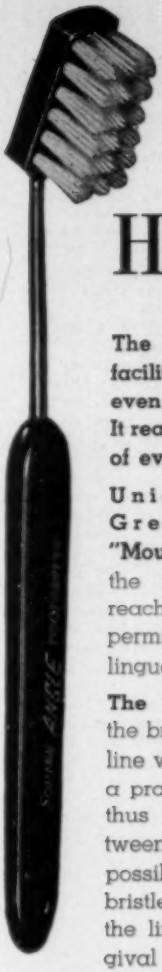
NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter, New Brunswick Association of Registered Nurses, recently held a meeting at the Saint John General Hospital. Miss Florence Coleman presided and fifty-four members were present.

A report was received regarding donations for the gifts sent to the Soldiers Comfort

DIET *plus* HYGIENE



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Dicalcium Phosphate Compound with Viosterol, supplies calcium required for the proper growth of sound tooth structure.

Calcium and Phosphorus are essential elements of the diet for all ages. Vitamin D is quite inseparably linked with the body's utilization of these elements. Viophate-D contains Calcium, Phosphorus and Vitamin D in proper ratio, combined for metabolic efficiency.

The need frequently recognized by dentists for a diet supplement, especially during pregnancy and for growing children, may be met by recommending Viophate-D in tablet or capsule form. The usual daily prophylactic dose, three tablets or six capsules provides 27 grains of dicalcium phosphate, 18 grains of calcium gluconate and 1980 international units of Vitamin D.

The Squibb Angle Toothbrush facilitates thorough cleansing even of difficult-to-reach areas. It reaches every exposed surface of every tooth.

Unique Design Contributes Greater Effectiveness. The "Mouth Mirror" Angle — brings the brush head within easy reach of the back molars, also permits effective brushing of the lingual surface of the incisors.

The Thin Metal Shank—brings the brush head down to the gum line while keeping the handle in a practically horizontal position, thus facilitating cleansing between the teeth. Also makes it possible for the lower row of bristles to reach the gum line on the lingual side, permitting gingival stimulation.

Recommend the Squibb Angle Toothbrush. Its exceptional efficiency will please the users and assure greater co-operation from your patients.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858
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Association and contributions were received for the gift to Lady Tweedsmuir from the women of Canada.

Miss Margaret Murdoch and Miss Winnifred Dawson were chosen as a committee to bring in nominations for the officers of the provincial Association.

Miss B. Vye, as convener for knitting, said members had made many useful articles for the Red Cross supplies. A letter of thanks was sent to Mr. Robert P. Scott for three helpful lectures on gas decontamination. An instructive lecture was given on pneumonia by Dr. A. L. Donovan.

Another meeting of the Saint John Chapter, N.B.A.R.N., was held recently. There were 52 members present, and Miss Louise Bartsch occupied the chair. Miss Jane Thorne was appointed to succeed Miss Bernetta Vye as registrar for Saint John, the appointment to take effect on June 1. The wool committee reported that a number of useful knitted articles had been completed and given to the Red Cross Society. On recommendation of Miss Lillian Wilson, convener of *The Canadian Nurse* Committee, it was decided to canvass for more subscribers. A committee to carry out this canvass was appointed, having as its members representatives of the different hospitals, their alumnae associations, and the various sections of the nurses' association. Four nurses were chosen to canvass the private duty section.

Miss Lyla Gregory reported on the approval at Fredericton of the amendment of the Nurses Registration Act, and read the amended Act, explaining its changes. Following the business session, the Rev. W. C. V. Martin showed motion picture views of Canada in technicolour, and a special film of the visit of Their Majesties to this country last summer. A vote of thanks was tendered him by Mrs. Grace Lewin.

Saint John General Hospital:

At the annual meeting of the Saint John General Hospital Alumnae Association the officers for the coming year were elected as follows: Honourary president, Miss E. J. Mitchell; president, Mrs. Grace Lewin; first vice-president, Mrs. Harvey Ellis; second vice-president, Miss Suzanne Hartley; secretary, Miss Sally Turnbull; treasurer, Miss Rheta Wilson; entertainment committee: Mrs. Orlie Fowler, Mrs. Ralph Dick, and Miss Marion Barker; refreshment committee: Mrs. Leonard Dunlop and Miss Alice Carney; flower committee: Mrs. F. M. McKelvey and Miss Alice Carney; additional members of the executive: Miss Margaret Murdoch, Miss Audrey Chapman, Miss Henrietta Redmore, Miss Gladys Brown.

The executive will make plans for the annual dinner to be given in honour of the forty-three members of the 1940 graduating class. The retiring president, Mrs. A. L. Donovan, was in the chair.

Married: Recently, Miss Janet R. Cameron (S.J.G.H., 1939) to Mr. Donald D. MacDonald.

NOVA SCOTIA

Halifax Branch:

The monthly meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Dalhousie Public Health Clinic, with the vice-president, Miss Ruth Hart, in the chair. Following the business session an interesting lecture on health and health insurance was given by Dr. Lothar Richter, director of the Institute of Public Affairs, Dalhousie University.

Cumberland Branch:

At a recent meeting of the Cumberland Branch, R.N.A.N.S., held in Springhill, an interesting talk on preventive pediatrics was given by Dr. J. C. Murray. A two-act play, "Family Jars", written by Miss Lulu MacIntosh, county nurse, and stressing the value of nutrition and diet, was ably presented by three Springhill members. It was reported that St. John Ambulance First Aid Classes have been completed in Amherst and Springhill.

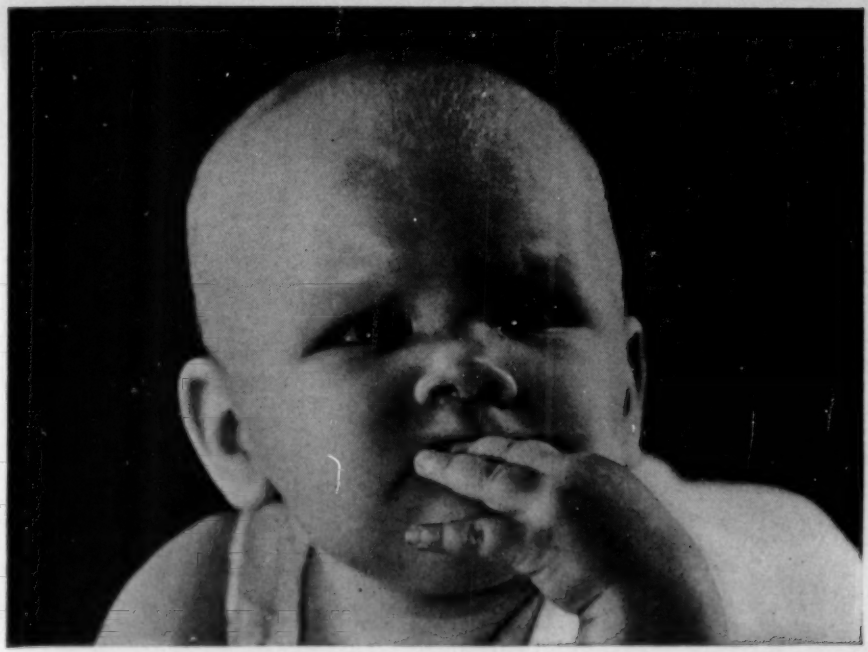
Miss Elizabeth Graham was recently appointed as instructress at Highland View Hospital, Amherst.

New Glasgow:

Aberdeen Hospital:

The following officers have recently been elected to serve during the coming months by the newly-organized Alumnae Association of the Aberdeen Hospital:

Honourary president, Miss Nina Grant; president, Mrs. Howard Cantley; vice-president, Mrs. J. T. Cumming; secretary, Mrs. R. A. Douglas; treasurer, Mrs. Edison Fraser Executive: Mrs. Sterling MacLean, Miss Maybelle Grant, Mrs. Harold Fraser, Miss Elizabeth Cowan, Mrs. Newman MacDonald, Mrs. Don MacLean, Miss Jessie MacLaughlin.



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YOU know how easily sensitive baby skin becomes irritated. And as a nurse, you can readily appreciate how much a powder with Z.B.T.'s advantages can add to baby's comfort. For Z.B.T. with Olive Oil is extra smooth and soft —moisture-resistant and long-clinging.

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See for yourself why Z.B.T. Powder with Olive Oil is so much more effective in the care of infant skin. Today, send for your free professional package. Just clip the coupon below.

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Please send free professional package of Z. B.T. to:

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The Golden Jubilee
of the Training School of the

HAMILTON GENERAL HOSPITAL

June 5 to 7, 1940

●

Wednesday, June 5

1.00 p.m. Registration at Senior Residence.

3.00 p.m. Scenic Drive and Tea at Mount Hamilton Hospital, provided by the Women's Auxiliary.

7.00 p.m. Annual Alumnae Dinner, Royal Connaught Hotel; Guest Speaker: Miss Effie Taylor, President, International Council of Nurses; Dean of Nursing, Yale University.

●

Thursday, June 6

3.30 p.m. Reception and Garden Party — Open House. Board of Governors, Hamilton General Hospital. The evening session will be kept open for individual class reunions.

●

Friday, June 7

3.30 p.m. Graduation, McMaster University.

Speakers: The Hon. Albert Matthews, Lieutenant-Governor of Ontario.

Dr. O. W. Niemeier, Chairman of the Medical Staff of the Hamilton General Hospital.

Miss Ethel Johns, Editor, *The Canadian Nurse*.

9.00 p.m. Dance, Ball-Room, Royal Connaught Hotel.

ONTARIO

District 1

CHATHAM:

Public General Hospital:

The Golden Jubilee of the Public General Hospital will be celebrated from June 23 to 28. The programme is as follows:

On Sunday, June 23, a special service will be held at 11 a.m. in the First Presbyterian Church at which the Rev. M. Scott Fulton will officiate.

On Tuesday, June 25, a luncheon will be given at the home of Mrs. J. B. Smith, president of the Heather Club. Mrs. O. W. Rhynas will be the guest of honour. In the afternoon, the Alumnae Garden Party will be held at the home of Mrs. C. C. White. In the evening, the Golden Jubilee Banquet will take place at the Golf Club, under the auspices of the Ladies' Assisting Society. Mrs. O. W. Rhynas, president of Women's Hospital Aids of Ontario, will be the guest speaker.

On Wednesday, June 26, the Commencement Exercises for the Class of 1940 will be held at Park Street United Church at 8 p.m. Dr. Malcolm T. MacEachern, Director of Hospital Service, American College of Surgeons, will be the principal speaker. A reception and dance will follow the exercises at the Masonic Temple.

On Thursday, June 27, the Alumnae Picnic will be held at the summer home of Mrs. A. Foote, Rondeau Park. This will give an opportunity for a re-union of the graduates of the School.

On Friday evening, June 28, a monster Lawn Party will be held on the Hospital grounds.

A Jubilee Number of the Year Book that will give an historical record of all Hospital activities over the intervening years is in process of publication.

District 4

HAMILTON:

A detailed insight into public health administration in Ontario was given those who attended the regular quarterly meeting of District 4, R.N.A.O., when they met recently at St. Joseph's Hospital. This address was delivered by Miss Edith R. Dick, Reg. N., an inspector of training schools. Miss Dick said that the system of administration in Ontario is partly municipal and partly provincial, and explained the growth and present organization of the department of health.

PERSISTENT ANTISEPSIS for normal skins

RECENT investigations have shown that the dried film left on the hands after treatment with 30% 'Dettol' renders them insusceptible to infection by haemolytic streptococci for at least two hours unless grossly contaminated. (Vide 'British Medical Journal,' 21st October, 1933, page 723.)

The Hygienic Laboratory Test proves 'Dettol' Antiseptic is three times more potent than phenol. A 2% solution very rapidly kills haemolytic streptococci and B. Coli even in the presence of pus.

Yet, 'Dettol' is non-poisonous, non-staining, gentle to human tissues permitting its use at highly effective strengths.

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'DETTOL' The Modern, Non-Poisonous Antiseptic

The meeting was opened by Miss Annie Boyd, the chairman, who talked briefly about the annual meeting of the R.N.A.O. at Ottawa. Gratifying was a report read by Miss Antoinette Williams, who revealed that provincial membership was now 4,704, an increase of 490. After the presentation of a number of other reports, Sister Monica, superintendent of nurses, gave a practical demonstration of nursing procedure.

Hamilton General Hospital:

The response from the older as well as the younger graduates of the School of Nursing of the Hamilton General Hospital, whether near or far, is giving great pleasure to the work of the home nurses in their preparation for the Golden Jubilee celebration. Miss Martha Watt has done a tremendous piece of work in an attempt to locate and personally invite each of the fourteen hundred graduates. However, some of the invitations have been returned unopened due to wrong address. If any nurse who has not received an invitation will write to Miss M. Watt, Hamilton General Hospital, Hamilton, *or come anyway*, she will find a welcome waiting for her.

DISTRICT 5

BARRIE:

A meeting of Chapter 2, District 5, R.N.A.O., was held recently, with Miss Lawson, the president, in the chair. Among the interesting items were the following: Miss Hanna's report regarding subscriptions to *The Canadian Nurse;* a report by Miss Tracy, student nurse, on her experience with the public health nurse; Miss Brandt's paper on the nurse and the law, read by Miss Williams; a talk by Miss Langman on up-to-the-minute facts in infant feeding; and Miss Topping's paper on the health of the school child, read by Miss Bastin.

TORONTO:

Through the courtesy of Miss Kate Mathieson, superintendent, the Public Health Nurses Association of Toronto held its an-

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131 pages including blank pages for notes. Paper $1.75.

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THE REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

has arranged for

A Refresher Course

to be held under the direction of Miss Marion Lindeburgh, M.A., R.N. The principal topic will be

Supervision in Nursing, a Course in Leadership.

This Refresher Course will first be given in Vancouver, from July 29 to August 3, inclusive, and will then be repeated in Victoria, from August 5 to 10, inclusive.

Registration fee, $3.50

For further information apply to: Miss Anne S. Cavers, Convener, Refresher Course Committee, 520 Vancouver Block, Vancouver, B. C.

THE MANITOBA NURSES' CENTRAL DIRECTORY

PHONE 72 151

214 BALMORAL STREET
WINNIPEG, MAN.

nual tea at the Riverdale Hospital for the one hundred volunteers who give such valuable assistance to the work of the nurses in schools, child health centres, hospital outpatient departments and districts. Volunteers have an important contribution to make to this professional group. They allow the nurses to do the skilled work for which they have special training by relieving them of extensive clerical and routine duties. Through experience gained, they are also able to interpret the activities of the Public Health Department to the community. Other guests were Dr. and Mrs. Harold Parsons, Dr. Beverley Hannah, Dr. L. A. Pequegnat, Dr. C. G. Stogdill, Dr. Gordon Milne, Dr. Alan Brown and the physicians in charge of twenty-three child health centres under his direction, Miss Kathleen Milner, president of the Junior League, Miss Kathleen Russell, and Miss Mary Millman. Miss Elvira Manning, president of the Association, received the guests, assisted by Miss Mathieson, Miss Elsie Hickey and Dr. Gordon Jackson. Miss Z. Keefer, Miss E. deV. Clarke, Miss K. Rouse, Miss M. Galbraith, Miss L. Dowdell and Mrs. J. Clissold presided over the table.

Toronto Western Hospital:

The Toronto Western Hospital Alumnae Association recently entertained the graduating class of 1940 at a delightful bridge and supper dance. The convener was Mrs. C. W. Hain, and the committee in charge consisted of Mrs. R. W. Smeltzer, Mrs. S. Douglas, Miss B. Leddy, Miss J. Kee, Mrs. J. Miller, Mrs. J. T. McNeeley, Miss K. Christie. The large number of guests were received by Miss B. Ellis, Miss Grace Paterson, and Mrs. A. J. Swanson.

District 6

PETERBOROUGH:

A meeting of District 6, R.N.A.O., was held recently in Peterborough at the Nicholls Hospital. Reports of Chapters were received. Dr. Dobson gave a very interesting talk on the advance in surgery.

Chapter A, District 6, R.N.A.O., recently held a meeting at which Miss Thompson, Miss Collier, and Miss Souter gave a talk on the R.N.A.O. convention.

Chapter B, District 6, R.N.A.O., held their monthly meeting in the Ontario Hospital at Cobourg, Miss Shaw presiding. There were fifteen members present and after a short business meeting the speaker of the evening, Col. C. T. Peterson, gave

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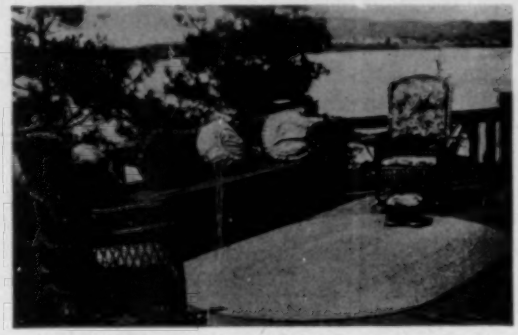

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a very interesting address on the war of 1914-18 and the war of to-day.

Mrs. C. Payne and Miss G. Macklin attended the refresher course at the University of Toronto on obstetrics. Miss E. Mitchell of Port Hope is taking a post-graduate course at the Royal Victoria Hospital in Montreal.

Chapter C, District 6, R.N.A.O., recently held a meeting at the Nicholls Hospital, Peterborough. A very interesting demonstration and talk was given by Miss Young, representative from the Heinz Company on the values and composition of food. Dr. Hammond gave a very interesting lecture on coronary thrombosis.

District 7

BROCKVILLE:

The quarterly meeting of District 7, R.N.A.O., was held recently. It was reported that 71 nurses from this district have enrolled for war service and that 17 were lecturing for the Red Cross Society. An address on historical points of interest in Brockville was given by Dr. G. W. Kells, and Miss Hanna Fischl, of Prescott, delivered an interesting address on "My Country — Czecho-Slovakia". Tea was served by a committee under the convenership of Mrs. Richard Green. Miss Margaret Donald, Brockville, was chosen as the delegate from the district to attend the biennial meeting of the Canadian Nurses Association to be held in Calgary. The gathering also decided that their next meeting would be held in June at Smiths Falls.

At a recent meeting of the Brockville Chapter, District 7, R.N.A.O., which was held at the St. Vincent de Paul Hospital, Dr. J. R. McAvoy gave an illustrated lecture on appendectomy and the treatment of varicose veins. After the meeting, the Reverend Sisters were hostesses during a pleasant social hour.

KINGSTON:

A meeting of the Kingston Chapter, District 7, R.N.A.O., was held recently at the Ontario Hospital. A most instructive paper on toxic psychosis was presented by Miss Ella Smith, instructor of nurses, Ontario Hospital. A delightful social hour followed.

Miss Hattie Ellerbeck (K.G.H., 1930) has accepted a position with the Aluminum Plant, Kingston. Miss Thelma (Tilly) Auld (K.G.H., 1932) has gone to New

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Room 52

SUN LIFE OF CANADA

Montreal.

York to study under the direction of Edgar Schofield, teacher of voice, and is living at the Mu-Phi-Epsilon. Mrs. James Crawford, née Claire Drysdale (K.G.H., 1934) sailed recently for Hong Kong with her husband, Dr. James Crawford, who is joining the medical staff of the U.S.A. Naval Hospital there. Mrs. J. F. Purvis, née Edna Ralston (K.G.H., 1914) spent the winter in Miami, Florida.

District 10

PORT ARTHUR:

A meeting of District 10, R.N.A.O., was held recently at the Port Arthur General Hospital, with Miss D. Adams presiding. About fifty members were present. The programme was in charge of the Nursing Education Section with Miss D. Riddell as convener. Papers outlining the qualifications and duties of the Head Nurse as an administrator and teacher were given by Misses Riddell, Ballantyne, Pells, and Wallace of McKellar Hospital, and Miss Krelove of St. Joseph's Hospital. This was followed by demonstrations of the opportunities presented and types of teaching that can be done on the wards. The demonstrations were arranged by Miss Grace Giles, and carried out by the staff nurses of the General Hospital, Port Arthur. At the conclusion of the meeting a social hour was enjoyed.

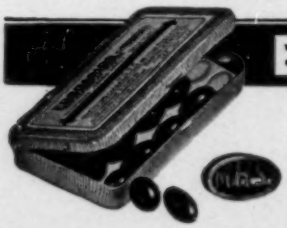
QUEBEC

MONTREAL:

Montreal General Hospital:

At a recent meeting of the Alumnae Association newer methods used in caring for special medical and operative cases were demonstrated by members of the nursing staff and greatly enjoyed by the large number present.

Miss Irene Parker (M.G.H., 1930), one of the operating room assistants, has resigned to be married. At a tea given in her honour she was presented with a silver



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WANTED

Applications are invited for the position of Instructress in the School of Nursing of the Glace Bay General Hospital, Glace Bay, N. S. The applicant must be a graduate nurse, having had at least three years experience, and have taken a course in teaching in a University.

Applications stating religion, professional qualifications, and salary expected should be adressed to:

Miss R. F. MacDonald, Supt., Glace Bay General Hospital, Glace Bay, N.S.

WANTED

A qualified Instructor of Nurses. Duties to commence September 1, 1940. Applications should be addressed to:

Superintendent of Nurses,
Provincial Mental Hospital,
Ponoka, Alberta.

entrée dish and tray by Miss Holt and the nursing staff.

Miss Ethel Grindley (M.G.H., 1936) has replaced Miss Lewis as health adviser on the teaching staff and Miss Doris Watson (M.G.H., 1936) has replaced her in the out-patients department. Miss Edith Little (M.G.H., 1939) has been appointed to the staff of the operating room and Miss Ascah (M.G.H., 1939), Miss Picken (M.G.H., 1939), and Miss Janet McDonald (M.G.H., 1940) to the staff of the Central Division. Miss Frances Randall (M.G.H., 1939) has taken a position on the staff of the Montreal Children's Hospital. Miss Phyllis Coulter (M.G.H., 1940) has taken a position in the Temaskaming Hospital, Ontario, where Miss Hilda Welling (M.G.H., 1930) is in charge. Miss Hilliare Little (M.G.H., 1940) is taking a post-graduate course in the Alexandra Hospital, Montreal. Miss Audrey Ellis (M.G.H., 1940) is engaged in floor duty at the Verdun Protestant Hospital. Miss Helen Carmichael and Miss B. Eardley Wilmot (M.G.H., 1938) are doing floor duty at the Jewish General Hospital. Miss Gilker (M.G.H., 1940) is doing duty at the Woman's General Hospital. Miss Nancy Seivewright (M.G.H., 1940) has taken a position in the Arvida Hospital, Arvida, P.Q. Miss J. Florence MacDonald (M.G.H., 1936) and Miss Patricia Whitton (M.G.H., 1938) are engaged in school nursing in Notre Dame de Grace and Rosemount districts.

Married: Recently, Miss Esther Lewis (M.G.H., 1925) to Mr. Kenneth H. Battley.

Married: Recently, Miss Aase Bjerkevdt (M.G.H.) to Mr. Alexander M. Webster.

St. Mary's Hospital

To celebrate the graduates home-coming, the students of the St. Mary's Hospital Training School entertained recently under the direction of Rev. Sister Rozon, super-

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intendent of nurses. Tableaux were staged representing the characters who have been outstanding in the establisment of the nursing profession and have distinguished themselves in this field. Selections were sung by the student's choir.

Mass was celebrated on Sunday morning, in the lobby of the Hospital, and was followed by a breakfast at which the speaker was Rev. Emmet Carter, principal of the Catholic Normal School. Among points stressed was the value of cultivating a sense of humour in the nursing profession. Rev. Alex Carter, chaplain of the hospital, presided, and among those present were the Reverend Sisters of the Hospital, members of the board of directors and the medical staff, and the ladies' auxiliary.

School for Graduate Nurses, McGill University:

Miss K. Donnelly (Public Health, 1935) has been appointed industrial nurse at the Canadian Industries Ltd., Montreal. Miss Elizabeth Robertson (Public Health, 1928) has resigned from her position as assistant superintendent at the Verdun Protestant Hospital. Miss Naomani Yellin (Public Health, 1939) has been appointed to the staff of the Department of Health, Montreal.

Among the recent visitors to the School were Miss Ruth Ross (Public Health, 1934) and Mrs. R. McClearn, née Mary Inness (Public Health, 1935).

SHERBROOKE:

Miss E. Watson has been appointed to the staff of the X-ray Department at the Royal Victoria Hospital in Montreal.

Married: Recently, Miss M. Bateman to Lieutenant Andrew Cluff.

Married: Recently, Miss V. Coute to Mr. J. Morkill.

SASKATCHEWAN

MOOSE JAW:

Moose Jaw General Hospital:

The Alumnae Association of the School of Nursing of the Moose Jaw General Hospital has been organized for three years and has an active membership of forty-five. The newly elected officers are: Honourary president, Mrs. M. A. Young; president, Miss Marjorie Mader; vice-president, Mrs. F. Best; second vice-president, Mrs. F. Leury; secretary-treasurer, Mrs. Neil Gray; committee conveners: visiting, Mrs. Hart; refreshments, Miss J. Grayson; entertainment, Miss M. Gusa.

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Provincial Associations of Registered Nurses

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